



Buckinghamshire Healthcare  
NHS Trust

# QUALITY ACCOUNT

## 2023/24

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

# Contents

<b>Part 1: Quality Summary .....</b>	<b>7</b>
Introduction.....	8
Your Feedback .....	8
Statement on Quality from the Chief Executive .....	9
Trust Profile .....	11
Our main hospital sites are:.....	11
Our main community facilities are: .....	11
Our Trust Headquarters is based at: .....	11
<b>Part 2: Review of Our Achievements.....</b>	<b>12</b>
Our Approach to Quality Improvement 2023/24 .....	13
Our Achievements in 2023/24 .....	14
Outstanding care .....	14
Overview of patient safety incidents and safety alerts.....	14
Duty of Candour .....	14
Incident reporting .....	14
Serious Incidents (SI) framewok and Patient Safety Incident Response Framework (PSIRF) Transition.....	15
Learning from Never Events.....	16
Dissemination of learning from Incidents and Serious Incidents .....	16
Central Alert System compliance .....	17
Learning from Patient Safety Events (LFPSE) .....	18
Care of the Deteriorating Patient and Sepsis .....	18

Pressure Ulcers.....	19
Falls .....	19
Dementia and Delirium.....	20
Emergency Department (ED).....	21
Care Coordination Centre .....	22
Transfer of Care Hub .....	23
Urgent Community Response .....	23
Onward Care.....	23
Hospital at Home.....	24
Home First Service - Buckinghamshire .....	25
Early Supported Discharge for stroke patients.....	26
Neonatal Services .....	26
Maternity Services.....	28
Clinical Accreditation Programme .....	31
Reducing Waiting Times .....	32
Patient Initiated Follow-up (PIFU) .....	33
Surgical Hub Accreditation.....	33
Uterine Artery Embolisation.....	34
Cancer .....	35
Diagnostics.....	36
Amersham Community Diagnostics Centre .....	36
Healthy Communities .....	37
COVID-19 vaccination programme .....	37
Improvements in patient experience .....	38
Complaints .....	38
Patient Advice and Liaison (PALS) .....	39

Chaplaincy .....	39
Palliative and End of Life.....	40
National Spinal Injuries Centre (NSIC).....	40
Pharmacy.....	41
Improving the overall management of eating/drinking/swallowing difficulties for residents in Buckinghamshire care homes.....	41
Quality Improvements for people with Parkinson’s disease .....	42
Employment Opportunities.....	42
Children and Young People .....	44
Great Place to Work .....	47
Building a Positive Speaking-up Culture .....	47
Learning and Development .....	48
iAspire .....	49

**Quality improvement achievements against priorities during  
2023/24.....50**

Priority 1: Patient Safety .....	51
Priority 2: Improving the experience of our patients and colleagues .....	53
Priority 3: Improving clinical effectiveness .....	56

**Mandatory Declarations and Assurance .....59**

Mandatory Declarations and Assurance.....	60
Statements of Assurance .....	60
Clinical Audit and National Confidential Enquiries.....	60
National Audits .....	64
National Paediatric Diabetes Audit (NPDA) .....	64
National Hip Fracture Database (NHFD).....	64
National Audit of Care at the End of Life (NACEL).....	64

Allergy Alerts .....	65
The Child Behind the Adult .....	65
Documentation of Intentional Changes in Medication .....	65
Completion of Treatment Escalation Plans .....	65
Inpatient Zoledronate Prescribing for Fracture Prevention.....	66
Data Quality .....	67
The Department of Health Core Quality Indicators.....	68
Summary Hospital Level Mortality Indicator (SHMI).....	68
Research & Innovation.....	69
Patient Reported Outcome Measures (PROMS).....	69
Readmission Rates .....	70
Responsiveness to the Personal Needs of Patients.....	71
Friends and Family Test.....	71
Venous Thromboembolism (VTE) .....	72
Infection Prevention and Control.....	73
National Reporting and Learning System (NRLS).....	74
Learning from Deaths.....	74
Equality & Diversity .....	75
Learning Disabilities .....	75
Coroner's Office .....	76
Changes to the National Medical Examiners Service.....	76
Implementing the Priority Clinical Standards for Seven Day Hospital Service .....	76

**Part 3: Quality Priorities 2024/25 .....77**

Priority 1: Patient Safety .....	78
Priority 2: Improving the experience of our patients and colleagues .....	78

Priority 3: Improving clinical effectiveness .....	78
Statement from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) .....	79
Statement from Healthwatch Bucks.....	83
Statement from Buckinghamshire Health and Adult Social Care Select Committee .....	87
<b>Appendix 1 – Abbreviations</b> .....	90

# Part 1: Quality Summary



## Introduction

The Quality Account is an annual account to the public about the quality of services that we provide and deliver, and our plans for improvement. This report is designed to assure our local population, our patients, and our commissioners that we provide high quality clinical care to our patients. The Quality Account includes an assessment of our performance last year and our priorities for the coming year. This document includes indicators to measure our performance against the priorities we set for 2023/24.

This year's Quality Account demonstrates the continued hard work and resilience of our people.

The publication of this document is one of the ways in which we can share how we measure the quality of care we are providing to our patients. It includes feedback from our stakeholders on how well they think we have performed.

The Quality Account has been approved for publication by the Quality and Clinical Governance Committee and the Trust Board.

## Your Feedback

If you have any comments or suggestions on this Quality Account, we welcome your feedback. Please contact Ms Karen Bonner, Chief Nurse, by email at: [bht.pals@nhs.net](mailto:bht.pals@nhs.net).



## Statement on Quality from the Chief Executive

In the financial year that we celebrated not only the 75<sup>th</sup> birthday of the NHS but also the 80<sup>th</sup> anniversary of the founding of the National Spinal Injuries Centre, there has been much to be proud of.

At the start of the year, we set ourselves a number of key objectives that, if achieved, would make a real difference to the Trust achieving its vision of delivering outstanding care, creating healthy communities and being a great place to work.

In providing **Outstanding Care** we set out a goal to eliminate 'corridor care' for our emergency patients by 2025 and whilst we've not yet done it completely, it is significantly down from where it was in 2022/23. We wanted to have fewer than 4% of patients who attend our Emergency Department (also known as A&E) waiting over 12 hours in March 2024 as a culmination of our work over the year. We achieved this with 3.42% performance in March 2024. Whilst we didn't quite get to the national standard for the 4-hour target, we saw improvements in all of our other supporting measures, such as reducing delayed discharges, reducing length of stay in our acute and community hospitals and increased admission avoidance through our same day emergency care services.

By both increasing capacity and using the capacity we have more effectively, we reduced the number of people waiting over 65 weeks on a hospital waiting list from 782 in March 2023 to 20 by the end of March 2024. We also met the national standard for diagnosing 75% of new cancers within 28 days of referral and we've over halved the number of people waiting over 6 weeks for a scope, scan or hearing test.

The number of teams having their clinical services successfully accredited has exceeded the target we set at the start of the year.

In contributing to our **Healthy Communities**, we made great progress on some of the goals we set ourselves – reducing the levels of women smoking in pregnancy to below 5% and getting much better at identifying frailty in our hospitals and in the community. We've also become one of the first trusts in the country to provide new cholesterol reducing drugs to some of our highest need residents, and our adult community teams continue to perform well above the national standards in responding to people in need at home. We also opened our first 'health on the high street' unit in Aylesbury.

We were delighted to once again be awarded the contracts to provide community services for children in Buckinghamshire and made real headway in being more responsive to what nationally and locally are some really challenging increases in complexity in children's care. And of course, we continue to protect the county's children through the thousands of vaccinations our childhood immunisation team carry out each year.

Under the goal of making BHT a **Great Place to Work**, we met our objective for reducing to under 12% the number of colleagues who leave us within a year of joining and the Trust's vacancy rate is at its lowest ever at under 5%. We have also completed more training in a single year than ever before. Results from the annual national staff survey showed that we are continuing to make good progress

nationally and our staff engagement score increased again, putting us in the top quartile compared to similar trusts in the country and we are the fourth best nationally for the positive action we are taking to support the health and wellbeing of our colleagues.

And finally, our **Financial Plan** – we delivered what we set out to do at the start of the year, including over £20million of efficiencies from where we were last year. On top of this we spent £59m in capital projects including the opening of a new Children’s Emergency Department, digitising the surgical pathway, creating a new digital Care Coordination Centre which gives our clinicians real-time data about the patients in our hospitals, and improving the infrastructure of our estate.

All of this was achieved despite several periods of industrial action during which we continued to provide safe and compassionate care to the residents of Buckinghamshire.

We have much to look forward to in 2024/25. We opened a state-of-the-art Interventional suite in April 2023 and work is underway to install a further new MRI and CT scanner in a purpose-designed modular building at Amersham.

A new 21 bedded ward will open at Stoke Mandeville in the Summer, we will be creating a centre of excellence for ophthalmology as well as expanding our research and innovation facilities. We will also be continuing our digital journey, implementing our Electronic Patient Record, looking for opportunities to use Artificial Intelligence and rolling out new maternity and digital prescribing systems.

None of this could be achieved without the 6,300 colleagues that work for the Trust, our volunteers and our partner organisations and we would like to take this opportunity to extend our gratitude to them for their continued dedication to delivering healthcare services for our patients and service users in our hospitals, in the community and in people’s own homes.



Neil Macdonald  
Chief Executive

Buckinghamshire Healthcare NHS Trust

## Trust Profile

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties. The equivalent of 6,300 people work for us full-time, providing care to over half a million patients every year. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients across England and internationally.

Our aim is to provide personal and compassionate care, every time, for our patients. Our highly trained doctors, nurses, midwives, health visitors, allied health professionals, healthcare scientists, healthcare support workers and other support colleagues deliver our services from a network of facilities including a range of community settings:

- health centres
- schools
- patients' own homes
- community hospitals
- community hubs

### Our main hospital sites are:

Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL

Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT

### Our main community facilities are:

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Brookside Clinic, Station Way, Aylesbury, HP20 2SR
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont Community Health & Wellbeing Centre, Hampden Road, Chalfont St Peter SL9 9SX
- Florence Nightingale Hospice, Mandeville Road, Aylesbury HP21 8AL
- Marlow Community Hub, Victoria Road, Marlow SL8 5SX
- Rayners Hedge, Croft Road, Aylesbury HP21 7RD
- Thame Community Hub, East Street, Thame OX9 3JT
- Unit 33, Friars Square Shopping Centre, Aylesbury, HP20 2QF

### Our Trust Headquarters are based at:

Stoke Mandeville Hospital.

Visit our website for more details on our services [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

# Part 2: Review of Our Achievements

The aim of the Quality Account is to review performance against our priorities and to outline focus areas for 2024/25. This section of the document will outline the Trust's achievements against its priorities during 2023/24 and demonstrate the improvements we have delivered.

The priorities we set in 2023/24 were focused on the following three themes:

- Patient safety
- Improving the experience of our patients and colleagues
- Improving clinical effectiveness

## **Our Approach to Quality Improvement 2023/24**

In early 2024, we reviewed the progress of our Quality Improvement (QI) strategy progress at the three-year mark. There is much to celebrate with over five thousand colleagues engaged with QI through training and Rapid Improvement Events. The number of QI projects has grown from 10 in 2020 to 90 in 2023. There are now 51 active QI Huddles in the Trust, resulting in 2,013 improvements initiated by operational colleagues.

Our improvement activities included a Fall Awareness Week to enhance post-fall management, implementing a Parkinson's screening tool in the Emergency Department to reduce missed medicine doses, introducing discharge bags for patients leaving with anticoagulants, and implementing a Purpose-T risk assessment tool to consistently assess a patient's risk of developing pressure ulcers whilst receiving care and treatment in the Trust. In Maternity Triage, a Rapid Improvement Week led to improved patient experience, including a new waiting room and triage system.

We offer remote and in-person training to enhance our QI capability, training 492 colleagues in 2023/34.

We are still committed to supporting organisational learning through the Knowledge and Learning Framework learning group. We are hosting monthly Reflect and Review and QI Shout Out sessions to help colleagues develop their skills and knowledge.

During our most recent Reflect and Review session, the Patient Experience Team led a discussion on learning and improving from patient forums. Our improvement work focuses on addressing themes from complaints, such as Sleep at Night. We aim to develop an Expert by Experience role and have integrated these plans into our new QI Strategy, which launched in March 2024.

# Our Achievements in 2023/24

## Outstanding care

### Overview of patient safety incidents and safety alerts

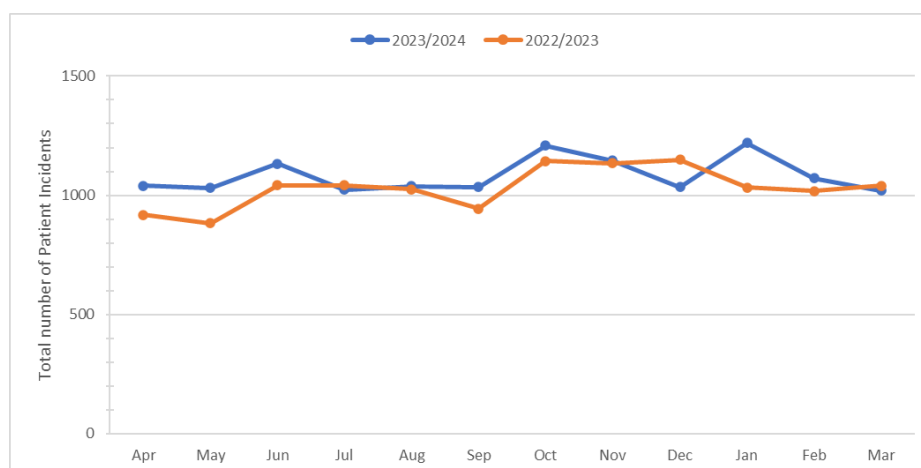
This section covers the Trust's safety-related activities and progress from April 2023 to March 2024. It includes information on reporting, managing, and learning from safety alerts and patient safety incidents, such as Serious Incidents and Never Events. We work with patients and families to understand and learn from any mistakes and share good practice to deliver outstanding care. A reporting culture that supports continuous improvement is encouraged to enhance patient safety and improve the experience of our patients and colleagues.

### Duty of Candour

The Duty of Candour is a legal, regulatory, and contractual obligation that healthcare providers must fulfil. It involves being open, transparent, and honest with patients and their families in the event of an incident or mistake. This is crucial to providing high-quality healthcare and rebuilding trust with the patient. The Duty of Candour process involves listening to the patient's concerns and learning from mistakes. In 2023/24, the Trust reported 198 such incidents, and 100% compliance with the Duty of Candour process was achieved.

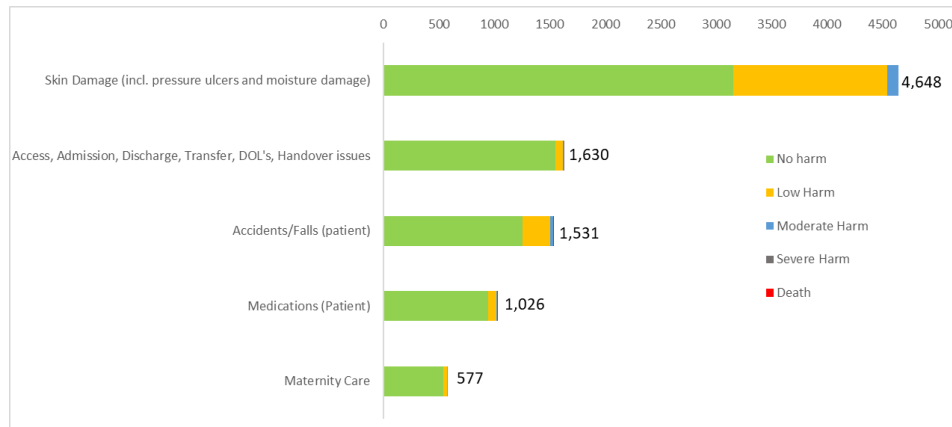
### Incident reporting

During 2023/24, BHT had a total of 168,234 ED attendances and a total of 12,997 incidents were reported - an increase on the previous year's total of 12,368. High reporting of incidents, with the majority resulting in no or low harm, is one indicator of a good patient safety culture, and incident reporting is valued within the Trust as a way of identifying risks and learning from the incidents.



Source: Datix

The five most frequently reported incident themes were reflective of the national picture. The significant number of skin damage incidents, such as pressure ulcers, reflects the services provided to our patient groups, which include elderly and frail patients, diabetic patients, and those with limited mobility or other co-morbidities that affect their skin or tissue.



Source: Datix

All incidents are reviewed and investigated, and incidents of moderate and greater harm are scrutinised more closely as potential serious incidents and identify any new learning.

## Serious Incidents (SI) framework and Patient Safety Incident Response Framework (PSIRF) Transition

In 2023/24, the Trust confirmed 50 incidents met the NHS England Serious Incident criteria compared to 62 in 2022/23.

PSIRF is the new national framework which replaces the current Serious Incident Framework which was introduced in 2015. The new framework ensures that investigations are conducted to identify the circumstances and systemic, interconnected causal factors that lead to patient safety incidents. These findings are then targeted with strong systemic improvements to prevent or continuously and measurably reduce repeat patient safety risks and incidents.

### Key benefits to PSIRF

- Patients and families involved much earlier and engaged with for their perspective.
- Improvement themes highlighted to the QI Team for inclusion in QI Strategy.
- Learning from investigations shared trust-wide via Knowledge and Learning Framework.
- Investigations completed by a team which has been trained and has designated time as a formal part of their role and can provide 'fresh eyes'.
- Opportunity for colleagues to be supported and learn in a structured way soon after an incident.
- Improved safety culture.



- The Trust will have more autonomy to investigate local issues in accordance with our safety priorities.
- Investigations will be carried out by trained impartial investigators with the aim of identifying system learning without apportioning blame.

The Trust transitioned to the PSIRF framework on 8 April 2024 after the Buckinghamshire, Oxfordshire and Berkshire West Intergrated Care Board approved the PSIRF Policy and Plan.

## Learning from Never Events

The NHS defines a Never Event as an incident that “should not occur if the available preventative measures have been implemented”.

We investigate Never Events thoroughly, analyse root causes, and develop an action plan with sustainable recommendations reviewed by an Executive Director. Our goal is zero Never Events per year.

The Trust reported four Never Events in 2023/24 compared to one in 2022/23, all of which have been investigated and closed.

April 2023	Wrong implant/prosthesis - Mis-matching components were used during surgery
April 2023	Wrong site surgery – Anaesthetic was placed on the wrong site
Oct 2023	Unintentional connection of a patient requiring oxygen to an air flowmeter
Nov 2023	Wrong site surgery - Botox injected into wrong muscle

In response to the above incidents, the Trust has reviewed the Safer Surgery policy and work is ongoing to standardise the safety checklist for invasive procedures across the Trust. The air flowmeter in the Intensive Therapy Unit (ITU) has been removed to mitigate the risk of unintentional connection to piped medical air.

## Dissemination of learning from Incidents and Serious Incidents

We share knowledge and learn from incidents through various formal and informal forums, such as bite-sized training sessions, newsletters, simulation sessions, online training, experiential learning, Academic Half Days, and safety briefings from the Chief Nurse and Chief Medical Officer. The Chief Nurse's monthly 'Big 4' newsletter highlights safety issues identified through incidents and quality audits.

As we switch to the PSIRF framework, we're using a method called Systems Engineering Initiative for Patient Safety to look at incidents in a new way. Instead of just focusing on one single cause of the incident, we're looking at the whole system and how different parts work together and identify any new learning. This will help us see why things happen and find ways to make things better.

We use different ways to learn from incidents because we know that one method won't work for everything. We'll choose the best way to learn based on the situation and what we already know about safety. We will take a proportional approach to incidents and stop repetitive investigations where no new learning is identified. This will help us focus our resources and time on quality improvement implementations, spreading learning and thereby improving patient safety.

## Central Alert System compliance

The Central Alerting System (CAS) is the Department of Health's electronic system for delivering and monitoring National Patient Safety Alerts (NatPSAs) and other safety-critical notifications. These alerts explain the risks and necessary actions with a deadline for completion. They are generated after a centralised review of all incidents reported by NHS trusts to the National Reporting and Learning System.

The Trust has an effective policy that underpins standardised processes for responding to the NatPSAs and records compliance with the alerts on the CAS website.

The Trust fully complied with all the actions and obligations required for the 11 NatPSAs issued in 2023/24 which had been assessed as relevant to the Trust.

### NatPSAs issued in 2023/24

Reference	Alert Title	Action Status
NatPSA/2024/003/DHSC_MVA	Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials	Action completed within CAS deadline
NatPSA/2024/001/DHSC	Shortage of GLP-1 receptor agonists (GLP-1 RA) update	Action completed within CAS deadline
NatPSA/2023/016/DHSC	Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba) products	Action completed within CAS deadline
NatPSA/2023/015/UKHSA	Potential Contamination Of Some Carbomer-Containing Lubricating Eye Products With Burkholderia Cenocepacia - Measures To Reduce Patient Risk	Action completed within CAS deadline
NatPSA/2023/011/DHSC	Shortage Of Methylphenidate Prolonged-Release Capsules And Tablets, Lisdexamfetamine Capsules, And Guanfacine Prolonged-Release Tablets	Action completed within CAS deadline
NatPSA/2023/010/MHRA	Medical Beds, Trolleys, Bed Rails, Bed Grab Handles And Lateral Turning Devices: Risk Of Death From Entrapment Or Falls	Action completed within CAS deadline
NatPSA/2023/009/OHID	Potent synthetic opioids implicated in heroin overdoses and deaths	Action completed

		within CAS deadline
NatPSA/2023/008/DHSC	Shortage of GLP-1 receptor agonists	Action completed within CAS deadline
NatPSA/2023/007/MHRA	Potential risk of underdosing with calcium gluconate in severe hyperkalaemia	Action completed within CAS deadline
NatPSA/2023/006/DHSC	Shortage of pyridostigmine 60mg tablets	Action completed within CAS deadline
NatPSA/2023/005/MHRA	Removal Of Philips Health Systems V60 And V60 Plus Ventilators From Service - Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation	Action completed within CAS deadline

## Learning from Patient Safety Events (LFPSE)

The Learning from Patient Safety Events (LFPSE) system is being introduced across the NHS as organisations switch to recording patient safety events onto the new LFPSE service, rather than the National Reporting and Learning System and Strategic Executive Information System it is replacing.

The Trust upgraded its local incident reporting system to be LFPSE compliant in February 2024 and all patient safety events are being uploaded to the new system.

LFPSE initially provides two functions: to record a patient safety event and to provide access to data about recorded patient safety events. This information will be disseminated via NHS England directly to the Trust and enable rapid focus on learning and improvement.

## Care of the Deteriorating Patient and Sepsis

This year we have extended the roll-out of electronic reporting of a patient's vital signs to our maternity and paediatric services which means that the vital signs of all of our inpatients are now recorded in this way. This is more accurate and faster than using paper, freeing up time for our clinicians to look after their patients. The information recorded is reviewed by the Deteriorating Patient Group enabling it to take prompt action if required.

In May 2023, the Critical Care Outreach Team (CCOT) presented its innovative work at the National Outreach Forum conference and has subsequently collaborated with the Forum to create a national dataset for trusts to effectively evaluate their CCOT service pilot site.

The CCOT also provides specialised physiotherapy for patients in the Intensive Therapy Unit (ITU), including rehabilitation until they are ready to go home. Additionally, three months after discharge, patients are invited back for a review with

our psychologists, medical team, and physiotherapists. This follow-up service has received regional recognition.

Improvements in deteriorating patient care include the trust-wide adoption of electronic observations, with sustained >99% compliance for complete observations in adult inpatients. Electronic observations reporting is aligned to a deteriorating patient dashboard, managed by the Deteriorating Patient Group (DPG), driving recognition and management improvements. Compliance with sepsis screening in the ED is >90%, with >75% compliance for intravenous antibiotics within 1 hour for suspected sepsis.

## Pressure Ulcers

In October 2023, NHS England and the National Wound Care Strategy Programme published updated recommendations for pressure ulcer management. All NHS trusts in England are now required to use the PURPOSE T risk assessment tool for categorising pressure ulcers. Our Trust has implemented the PURPOSE T tool since November 2023.

We have seen an increase in Trust attributed pressure ulcers. Pressure ulcer categories 1,2 and deep tissue injury are classified as low harm whilst pressure ulcers category 3, 4 and unstageable are classified as moderate harm. The Trust reported 57 moderate harm pressure ulcers (PU) incidents in 2023/24, an increase in comparison to 27 category 3 and 4 PU reported in the previous year.

Community services reported the majority of moderate harm PU which includes patients under district nurses caseloads. Many of these patients are cared for in residential homes with 24 hour care and NHSI recommended these were still attributed to the Trust concerned. This is expected to be changed in the awaited updated NHSI guidance in 2024/25.

A thematic analysis of all PU incidents led to the initiation of a second pressure ulcer reduction quality improvement (QI) project. To enhance our efforts, we implemented new posters, a national pressure ulcer module, and secured a new mattress contract. These measures aim to improve risk assessment, terminology, skin checks, and communication.

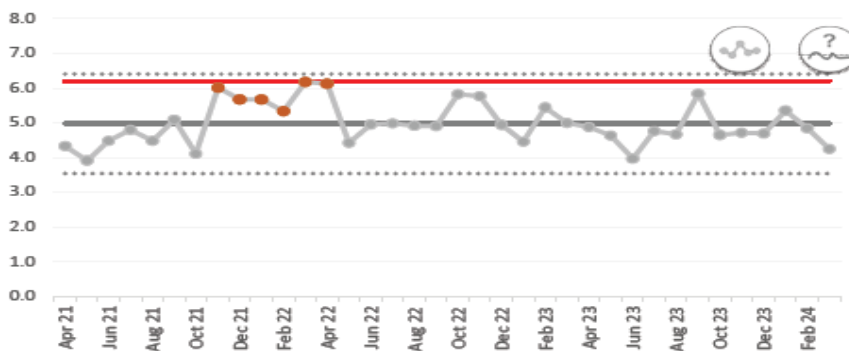
Reducing pressure ulcer incidents remains a top priority for the Trust.

## Falls

Reducing the risk of falls for all our patients remains a priority. Inpatient falls are an important indicator of the quality of patient care. Reducing falls requires support, engagement of frontline colleagues, education, good data analysis, and a policy for the prevention and management of patient slips, trips, and falls. We audit the quality of care, documentation, environment and incidents regularly and provide updates on fall prevention at meetings. The graph below shows the rate of inpatient falls per 1,000 occupied bed days. The Trust falls rate in 2023/24 remained below the national average of 6.2 per 1,000 occupied bed days.

## Falls per 1,000 bed days

Rate of Inpatient Falls Incidents reported per 1,000 inpatient bed days.



Mar-24
4.2
Variance Type
Common cause variation
Target
6.2
Achievement
Unreliable process - may or may not meet the target consistently

## Dementia and Delirium

Dementia and delirium are distinct conditions that are often mistaken for one another. The Trust recognises the importance of identifying and managing people with dementia or delirium. Clinical colleagues provide support to those with a formal diagnosis of dementia and/or delirium.

Only 57.3% of people over 65 living with dementia in Buckinghamshire have a formal diagnosis, compared to the national target of 66%. The legacy of the COVID-19 pandemic is a contributory factor. To improve diagnostic rates, every contact should be utilised to identify dementia and delirium, along with an easily accessible patient record. Buckinghamshire has adopted the recommendations of the NHS England Dementia Well Pathway.

PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
The risk of people developing dementia is minimised.	Timely accurate diagnosis, care plan, and review within the first year.	Access to safe, high-quality health and social care for people with dementia and carers.	People with dementia can live in safe and accepting communities.	People living with dementia die with dignity and in the place of their choosing.

BHT aims to become a model of excellence in dementia and delirium care. The implementation of the Carer Passport is also expected to positively impact this agenda.

In 2023, the Trust completed Round 5 of the National Audit of Dementia in 2023. The audit showed fluctuations in diagnostic rates for dementia and delirium and has put in place processes to ensure both conditions are identified at the earliest opportunity.

The Trust also recognises the vital role that families and carers play and sees them as partners in care. We ensure that patients receive added support by allocating a member of staff to help them through our Enhanced Care and Observation.

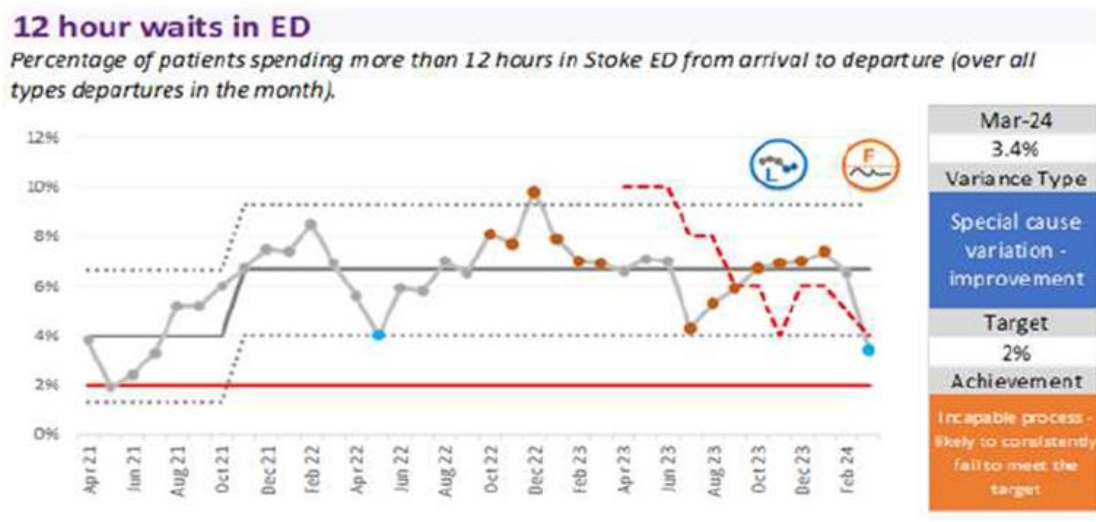
Volunteers are being developed to support meaningful activities with inpatients living with dementia and delirium.

## Emergency Department (ED)

During the year we saw increased demand for our emergency services with 168,234 attendances in 2023/24, 15,979 of which were children, compared to 156,149 in 2022/23.

Despite this, the Trust has succeeded in reducing waiting times. One of the Trust's objectives for 2023/34 was to ensure that no more than 4% of patients should spend more than 12 hours in our ED in March 2024 before being admitted or discharged. We exceeded this target with no more than 3.4% of patients spending more than 12 hours in ED, although there is still further progress to be made to deliver the national target of 2%.

During 2023/24, an average of 70.6% of patients were seen within four hours compared to 70.2% in 2022/23. Comparing March 2024 to March 2022 we saw a 5% improvement, the first time in ten years there has been an improvement year on year. We are committed to improving this to 78% by March 2025.



We have also seen a significant improvement in the number of ambulances waiting to offload over 60 minutes and we continue to strive for an equal reduction in offloads over 30 minutes. In April 2023, 5% of ambulance handovers were over 60 minutes. This has reduced to under 2% in April 2024. In April 2023, 24% of ambulance handovers were over 30 minutes; this has reduced to c.10% in April 2024.

There are still an unacceptable number of patients waiting in the corridors surrounding the ED waiting for a bed to become available. Whilst we have seen a significant improvement, with a 40% reduction in patients waiting in corridors from January 2023 to March 2024, our aim is to eliminate this in 2024/45. A new 21 bedded ward, due to open at Stoke Mandeville in Summer of 2024, will be one of the ways that we plan to achieve this.

Whilst we have continued to experience significant challenges with the number of patients ready to leave hospital but who are unable to do so until appropriate care packages are put in place, the number of bed days lost has been significantly reduced. At the end of March 2024, we had 67 patients ready to go home but had to



remain in hospital, representing 2,452 bed days lost compared to 106 patients in March 2023, representing 3,869 bed days lost.

Key to delivering this improvement has been our joint programme of work with Buckinghamshire Council and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board to improve our discharge capacity and integrate our intermediate care services. This culminated in the opening of an integrated Transfer of Care Hub to manage all complex discharges in October 2023 and there are further integration steps planned for 2024/25.

We have further developed our Emergency Floor across the front door of Stoke Mandeville Hospital bringing together all of the services that support patients with same day urgent and emergency care needs. We have already put in place a Clinical Assessment Service at Stoke Mandeville, led by GPs, to ensure that patients are redirected to the most appropriate place to receive care. For those that need urgent but not emergency treatment, the Urgent Treatment Centre at Stoke Mandeville is now open 24 hours a day (with effect from July 2023). In addition, in April 2023 our Same Day Emergency Care Unit (SDEC) increased its opening hours from 12 hours to 16 hours a day.

In April 2023, we opened our new state of the art Children's Emergency Department which has increased capacity, with an additional 14 beds and 2 resuscitation beds, as well as providing a much more welcoming environment for children, young people and their families. We now have CAMHS crisis liaison officers/support workers within the department to support young people who attend in crisis, initiating assessments and planning for discharge back into the community with ongoing support. We also now provide intravenous antibiotic therapy at home via our children's community team to facilitate early discharges (approximately between 9 and 50 contacts per month) and the monitoring of children requiring home oxygen.

In October 2023, we opened our Clinical Decision Unit to support the provision of continuity of care for those patients that still required further treatment and monitoring for a period of up to 12 hours, which has supported flow throughout the emergency footprint and wider Trust.

## Care Coordination Centre

The Trust is increasingly using digital technology to ensure that our clinicians have real-time data to help them support patients to return home as soon as possible. In 2023/24, the Trust took a key step towards improving our flow management processes by implementing a Care Coordination Centre. Using digital software, we developed multiple data dashboards to give us an insight into the real time situation in many service areas and key points of flow on the patient journey. By glancing at our eight care coordination screens located in Stoke Mandeville Hospital, the clinical site team and operational managers can get all the information they need to make immediate decisions to support colleagues and deliver consistent, outstanding care.



## Transfer of Care Hub

In October 2023, the Trust and Buckinghamshire Council launched the new Transfer of Care Hub (ToCH) which is a team made up of clinicians, social and primary care. This team meets twice a day to review patients who have been referred for discharge from all of the Trust's hospital sites and decide on the most suitable discharge pathway. These are patients who may require either support from voluntary, community and social enterprise organisations or patients who will need additional support from the Trust or social care.

The ToCH aims to enable patients to leave hospital as quickly as it is safe to do so with the right support in place. In most cases, any assessments and organisation of long-term care can take place in the patient's own home.

Since the opening of the ToCH, 1,984 patients have been referred for discharge; of which 54% of patients were provided with support by either the Trust's community services or Buckinghamshire Council, 12% required further support in a bedded environment, 14% required further assessment from Adult Social Care and 20% of referrals were withdrawn, for example if the patient became medically unwell for discharge.

The ToCH collaborate with neighbouring ToCH teams from other trusts, such as Frimley and Milton Keynes, to facilitate safe discharges for all Buckinghamshire residents who require additional support on discharge to their usual place of residence.

## Urgent Community Response

Urgent Community Response (UCR) is an urgent response to people who are at risk of admission, re-admission, or being taken to hospital by ambulance due to a sudden non-life-threatening deterioration in their health and wellbeing. This could be due to a change in their clinical condition, illness or social crisis such as a fall, urgent catheter care or informal carer breakdown, which requires swift intervention or support to prevent them unnecessarily being taken to hospital.

During 2023/24, a total of 13,048 patients were referred for an urgent community response compared to 10,321 in 2022/23. The national UCR target is for 70% of patients to be seen within two hours of referral and the Trust has exceeded this target, seeing on average 90% of patients within this timeframe.

## Onward Care

Bed capacity is a major constraint across health care systems. Frail, elderly patients make up a significant proportion of medically fit for discharge patients, however without suitable community support, the long-term outcomes are often poor with 40% of moderately frail patients being readmitted to hospital within six months of discharge.

The Onward Care service is a non-clinical service provided by Sodexo which was developed in partnership with the Trust. Frail patients are given an initial assessment

while still in hospital to understand their overall health, social and psychological goals. The service is then personalised and streamlined to help them to achieve those goals, often focusing on resolving issues related to loneliness and self-confidence, on discharge.

The initiative incorporates non-clinical remote monitoring and Artificial Intelligence (AI) to proactively identify early signs of decline in someone who is frail and living at home, either with or without support from domiciliary carers. AI linked to movement sensors, on kettles and fridges identify changes in a patient's normal behaviour. When changes in these habits are identified, Sodexo's Onward Care team contacts the individual to help solve the issue or if necessary, escalate any clinical issues to the Trust. The Onward Care team is also able to help with other issues such as cleaning, shopping, and food parcels.

Evidence demonstrates that patients who are supported by Onward Care following a stay in hospital, are less likely to become so unwell that they need to be re-admitted. People typically lose 15% of their strength for every 10 days they are in hospital so avoiding admissions for people who are already frail has a big impact on their ability to maintain independence, the things that matter most to them and live at home. Reducing admissions also avoids the risk of frail patients getting a healthcare acquired infection.

Following an initial pilot, the service has now been expanded and is offered to patients leaving our community as well as acute hospitals with 254 people having benefitted from the service. It has resulted in a 77% reduction in use of beds for those supported and 91% of patients say they would recommend it to friends and family that could benefit.

We are now looking at how this learning can be applied to services already in place in primary care, working with two Primary Care Networks in Buckinghamshire. In particular, we will be exploring the use of data to predict those at highest risk, and how the use of non-clinical remote monitoring can proactively identify early signs of patient decline in the community and used to bolster and amplify the use of social prescribing for improving patient outcomes.

## Hospital at Home

The Hospital@Home programme in the Trust is part of a national initiative known as Virtual Wards, designed to deliver hospital-level care in a patient's own home.

Hospital@Home combines technology (digital monitoring systems) with face-to-face care to provide the care patients need for a range of conditions for up to two weeks in their own home. This care is provided by hospital-based doctors, nurses, therapists and pharmacists.

Patients and their carers or loved ones work in partnership with hospital teams to monitor their own health from their own home.

Only patients whose conditions meet a strict criteria are deemed suitable for the programme as they need to be unwell enough to need monitoring but not so unwell that they need to be in hospital. For patients who are unable to manage the remote-monitoring technology, alternatives are explored and put in place, ensuring that they

are not excluded and have the same treatment available to them. The decision as to whether a patient is suitable for the Hospital@Home programme is always made by a clinician.

Hospital@Home enables our healthcare teams to provide a more efficient service and to offer acute level support and reassurance to a greater number of patients. It also provides an opportunity for the Trust to work with other local healthcare partners including GPs and social care.

Hospital@Home has successfully introduced five pathways:

- **Buckinghamshire Integrated Respiratory Service (BIRS)** – includes patients with common respiratory conditions such as chronic obstructive pulmonary disease, acute respiratory infection, and COVID-19, with an asthma pathway coming online later this year
- **Outpatient Parenteral Antimicrobial Therapy (OPAT)** – for patients who require intravenous therapy, such as intravenous antibiotics or frusemide
- **Frailty@Home** – for those frail patients who would otherwise be in hospital for further investigations or treatment; this service will be expanded to include all nursing and residential homes in the county
- **Palliative End of Life@Home** – supporting patients at the end of life (and their families/carers) to remain in their own home
- **Heart Failure@Home** – we have plans to expand this service during the year ahead to include other cardiac conditions like infective endocarditis and atrial fibrillation

The introduction of point-of-care blood testing (medical diagnostic tests and results that can be performed at home) within the Hospital@Home programme has accelerated and improved the quality of treatment our teams are now able to provide.

By April 2024, the Trust was delivering acute care for more than 100 patients in their own homes at any one given time. By the end of 2024/25 we plan to expand this to 160 patients.

## Home First Service - Buckinghamshire

Buckinghamshire's Home First Service, initiated in 2020 due to COVID-19, has evolved. Its focus is on aiding patients' recovery at home, reducing the need for long-term care and promoting independence. Working closely with Buckinghamshire Council, the service identifies local care providers and ensures patients have necessary equipment upon discharge. Case managers, with backgrounds in nursing, therapy, or social care, oversee smooth transitions and reduce care as patients recover. On average, 128 patients per month are supported, with the aim to assist for up to four weeks. Data indicates that over 60% of patients have their care reduced or ended, highlighting the effectiveness of assessing patients at home. The Home First Service continuously seeks to improve to enable patients to live independently in their homes for as long as possible.

## What our patients say...

*“The team has just been amazing! Everything has just fallen into place so well and so quickly and we have just been so impressed. Thank you very much!”*

*“I just want to note my appreciation for the efforts and support of your team as we prepare for my mother's discharge. Both xxxx and xxxx have clearly demonstrated their advocacy for the patient, even when it meant directly addressing the concerns of her (somewhat officious) landlord.”*

*“We were grateful and impressed with the speed with which this home care service has been assessed and organised”*

(March 2024)

## Early Supported Discharge for stroke patients

A funded project introduced a hub-and-spoke model between the Stroke Early Supported Discharge (ESD) Team and Community Neuro Rehab Services (CNRS) to enhance psychological support for stroke patients. Previously, the ESD Team, providing six weeks of post-discharge therapy, lacked psychological input. Aligned with the 2023 National Clinical Guidelines for Stroke, this initiative secured funds to employ two Psychology Assistants for a year, enabling earlier psychological assessment and support.

Collaboration with Clinical Psychologists has improved the ESD team's ability to address patient well-being and make referrals for further support. Preliminary data shows that stroke patients now access specialist psychological support early in their recovery, with prompt initial and follow-up appointments. This has reduced waiting times for ongoing therapy with other CNRS allied health professional services.

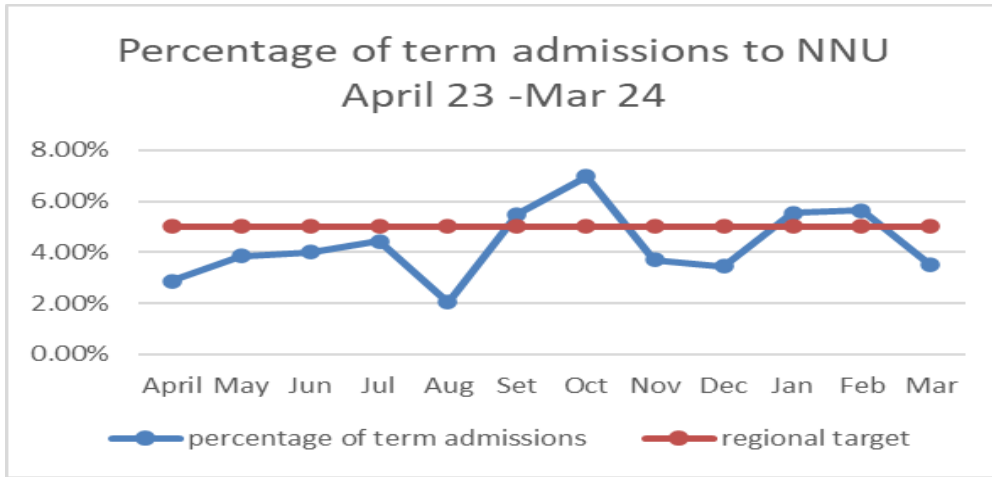
The project, jointly designed by the Stroke ESD service and CNRS, promotes shared learning and improved collaboration, enhancing continuity of care. Feedback from patients and colleagues has been positive. Ongoing efforts include establishing a patient forum and further data collection to refine the community stroke service in line with national models and local needs.

## Neonatal Services

According to the most recent data, approximately 90,000 babies receive care in neonatal units each year in the UK. This means that approximately 1 in 7 babies born in the UK are admitted to a neonatal unit annually.

During 2023/24, the Trust's neonatal unit provided care to 393 babies and their families; this is approximately 8.6% of all babies born within maternity services at BHT. Of these, 216 babies were term babies, and 177 were born preterm (<37 weeks' gestation).

The Neonatal Unit (NNU), in collaboration with maternity services, continually monitors term admissions. Due to the ongoing improvement work around the Avoidance of Term Admissions to the Neonatal Unit, the average annual admission rate of term admissions (>37 weeks' gestation) remains below the regional target of 5%.



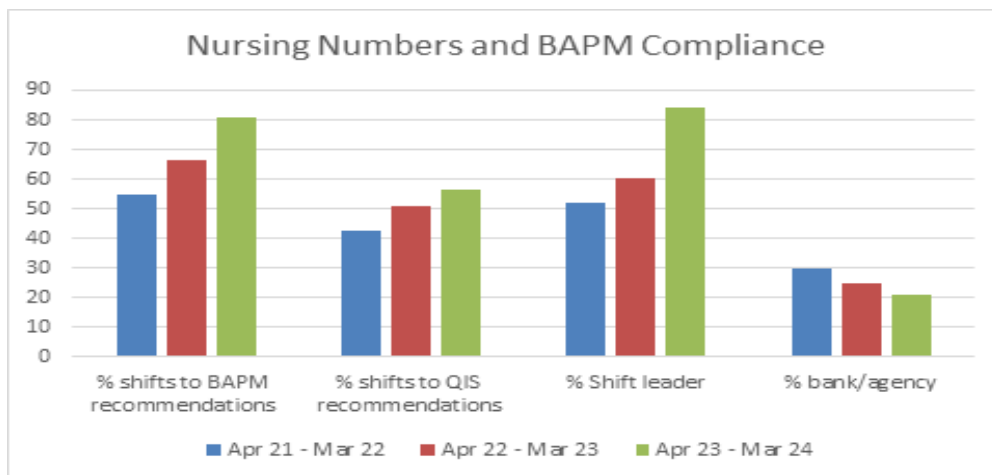
The United Nations Children's Fund UK (UNICEF UK) has created a Baby Friendly accreditation programme with three accreditation stages (1-3). Stage 3 represents full accreditation and is awarded based on a set of evidence-based standards aimed at promoting optimal care for infants and their families.

The NNU was recently assessed by UNICEF UK and was awarded Stage 1. We are now working towards Stage 2 for 2024/25. The Golden Drops QI project continues and has ensured that over 90% of all preterm babies are receiving breastmilk within the first 24 hours of birth. We are now looking at breastmilk feeding at discharge. We are also working towards our Silver accreditation from Bliss, a UK-based charity supporting the families of babies in neonatal care.

*Staffing*

At the start of 2023, there was a national shortage of neonatal nurses, with our unit facing a vacancy rate of 28%. Through successful recruitment efforts, we've reduced this to less than 10%, leading to decreased reliance on bank and agency staff. The British Association of Perinatal Medicine (BAPM) recommends 70% of the neonatal nursing workforce be qualified in specialty (QIS). We've increased our QIS workforce from 50% to 59% over the past year, aiming for 70% compliance by July 2025 through ongoing specialist education and focused employment.

The graph below highlights the year-on-year improvement in BAPM compliance.



Finally, with the support of the Thames Valley and Wessex Neonatal operational delivery network, we have secured funding for a Neonatal Governance Lead, a Family Integrated Care Lead, a psychologist, and additional funding to increase the Allied Health Professional hours. This has allowed us to increase our focus on improving the services and facilities we offer our neonatal families.

#### *Neonatal unit family integrated care initiatives*

The neonatal unit has been piloting two new family integrated care initiatives.

**The Baby steps:** Our Neonatal Journey cards. These parent-led cards offer education and information on baby care, providing consistent learning across two networks. Families have found them valuable, and the project will expand to 30 units in the southeast, with plans to add more cards to the pack.

**Repatriation:** Many babies are born or transferred to tertiary centres for ongoing care, returning to their local unit at some point. This transition can cause anxiety for families. To address this, we piloted a programme with a link nurse contacting parents outside our unit, offering regular calls to discuss fears and concerns and arranging visits. This successful project has now been implemented in 10 more units within our network.

#### *Neurodevelopment Education*

In the past year, a quarter of staff attended Sensory Beginnings sessions, focusing on baby development. Developmental ward rounds, led by the neonatal psychologist, infant feeding team, and parents, have been introduced. Parents have praised these rounds, as they provide a convenient opportunity to discuss their baby's progress and any concerns with multiple healthcare professionals in one place.

## **Maternity Services**

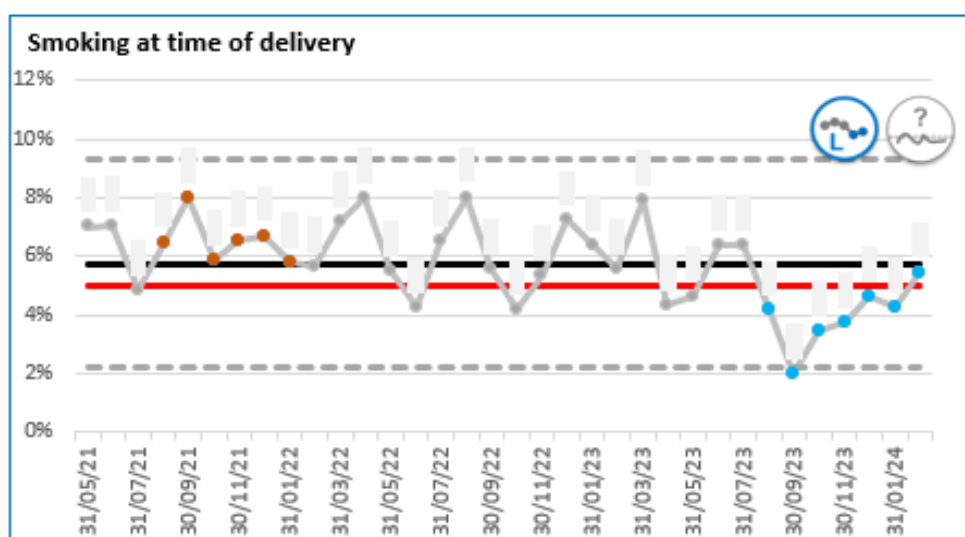
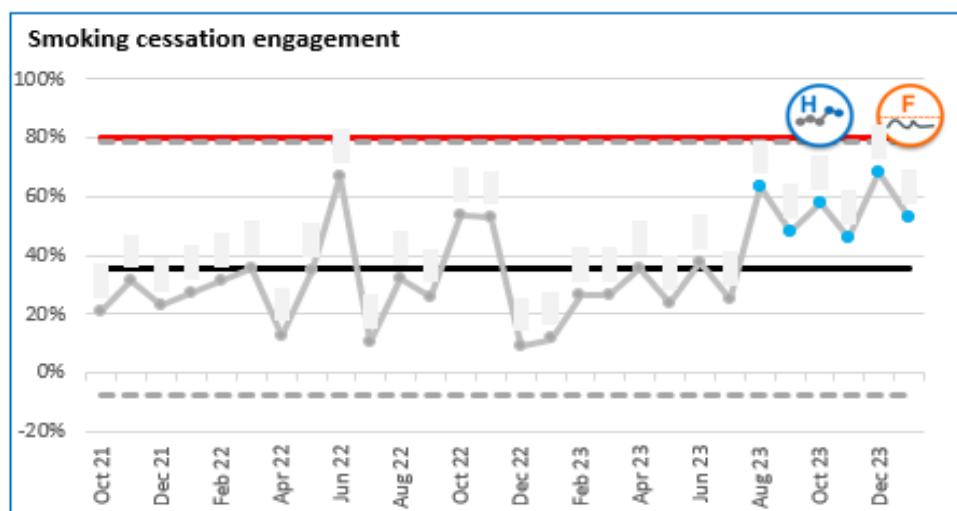
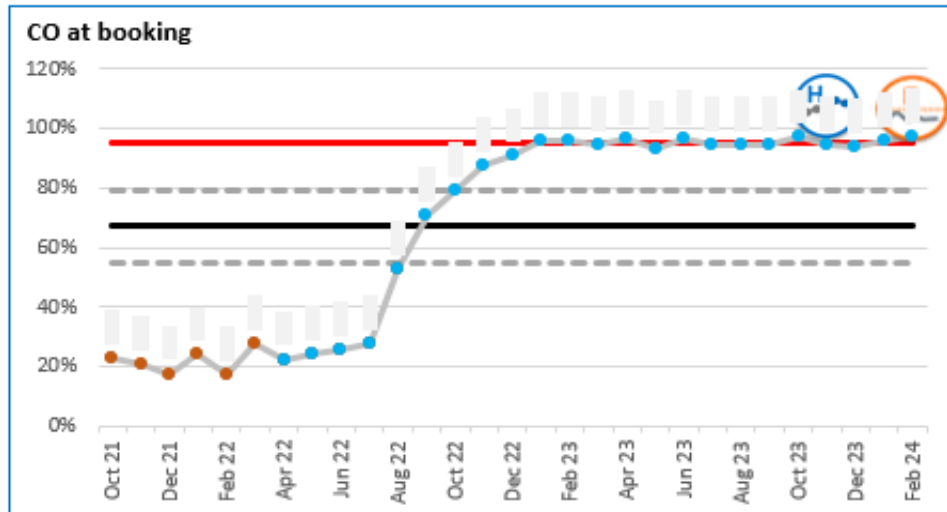
In 2023/24, Maternity Services facilitated the birth of 4,523 babies, offering various care options including home, Aylesbury Birth Centre, and Stoke Mandeville Hospital's consultant-led labour ward, alongside antenatal and postnatal community-based care. Following a Care Quality Committee (CQC) inspection in June 2023 focusing on safety and leadership, the service received a rating of requires improvement for safety and good for leadership, resulting in an overall rating of requires improvement. Key areas for improvement highlighted by the CQC were maternity triage and medicines management.

To address these issues, and advance service objectives, the following improvement actions were implemented:

- The electronic patient record project was launched, expected to go live by February 2025, contributing to paperless goals and enhancing care quality.
- Electronic vitals monitoring and a digital handover tool were implemented to improve communication and recognition of deterioration.
- A system-wide project improved foetal wellbeing monitoring during labour, leading to a reduction in incidents related to misinterpretation.



- A rapid improvement project on maternity triage, involving multiple teams, was conducted to implement measured changes over two weeks.
- An in-house tobacco dependency service was launched, showing early success in monitoring carbon monoxide levels, engaging with cessation services, and reducing smoking rates at birth.





## Maternity Incentive Scheme

The service submitted evidence to demonstrate compliance with all 10 safety actions of the NHS Resolution Maternity Incentive Scheme, which saw a significant number of new elements added to the scheme for 2023/24, including a new Saving Babies Lives care bundle. NHS Resolution have confirmed Trust compliance with all ten safety actions of the 2023 scheme.

## CQC Picker Survey

The annual Picker survey for maternity services showed higher than the national average scores for mental health support, induction of labour and awareness of risk factors to enable personalised care.

Top 5 scores vs Picker Average	Trust	Picker Avg
B7. Felt midwives or doctor aware of medical history (antenatal)	97%	89%
C6. Involved enough in decision to be induced	93%	87%
C5. Given information/advice on risks of induced labour	75%	70%
F20. Felt GP talked enough about mental health during postnatal check-up	76%	72%
C20. Felt midwives or doctor aware of medical history (during labour and birth)	92%	89%

## Bucks Maternity and Neonatal Voices Partnership

Buckinghamshire Maternity and Neonatal Voices Partnership expanded its team to include a Neonatal Lead, Bereavement Lead, Equity & Inclusion Lead, and Engagement Leads. These changes resulted in increased face-to-face listening clinics across Buckinghamshire, including Chesham, Aylesbury, and High Wycombe. They engaged with South Asian women through the 'Mamas & Babas' group, visited family centres and libraries, and attended community days to hear from the Black community in Bucks.





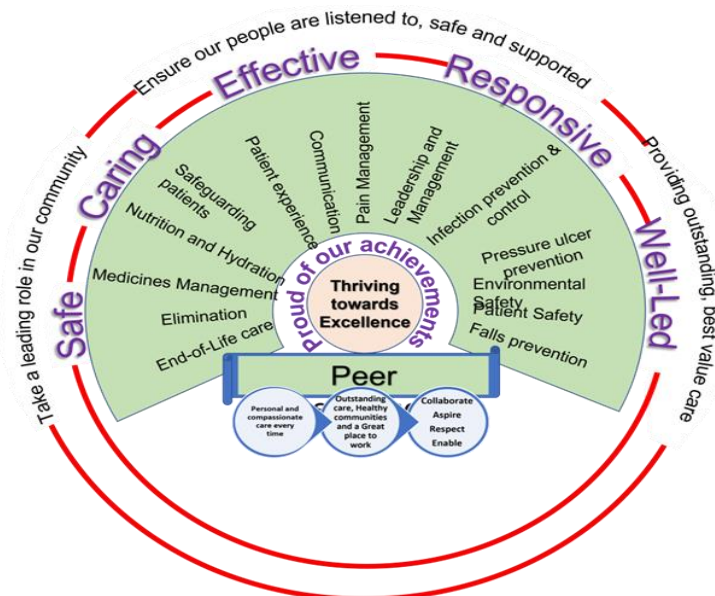
## Clinical Accreditation Programme

In April 2019, the Chief Nursing Officer for England introduced the 'Guide to Developing and Implementing Ward and Unit Accreditation Programmes.' This guide was designed to assist Chief Nurses, and senior nursing and midwifery leaders, with local accreditation efforts and to share examples of good practice and learning.

Experience indicates that accreditation programmes can drive continuous improvements in patient outcomes, as well as enhance patient satisfaction and the experience of our colleagues at ward and unit levels.

The Clinical Accreditation Programme is a tool to measure, improve and provide assurance of quality, safety, experience (colleagues and patients) and leadership. The Accreditation Programme is an internal assessment of these measures using a structured framework to undertake the evaluation of a department by a team of peer assessors.

### Accreditation Framework:

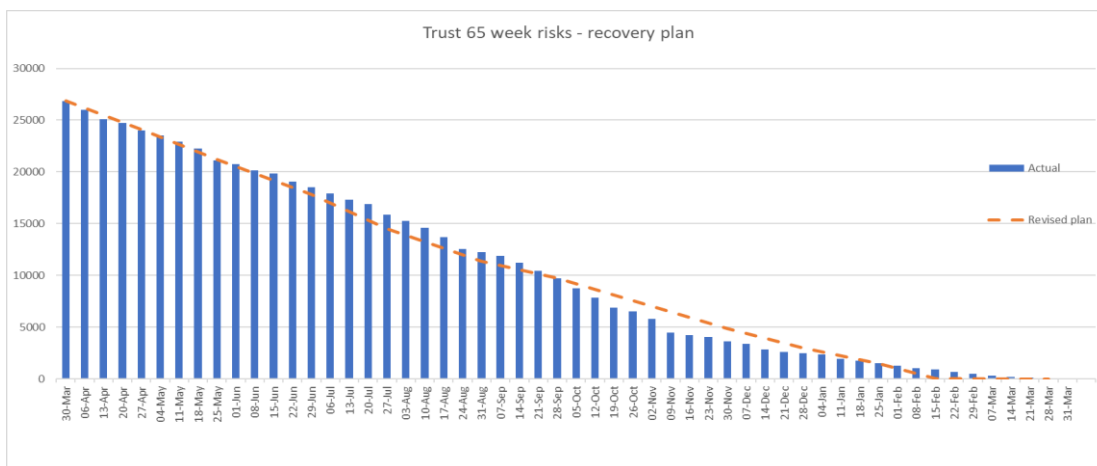


Outcomes of assessments are multi-functional and influence decision-making from Ward to Board. During 2023/24, a total of 26,363 quality audits were completed, with an average score of 93.5%, and 1,245 clinical accreditation assessments were conducted with an average score of 84.7%. The Trust has achieved this year's Clinical Accreditation Programme target of 80% (70 out of 88) of areas to be accredited and an additional 40% target of accredited areas to achieve Silver awards (28 out of 70) by March 2024. As of April 2024, 74 areas have been accredited at least once, with four areas receiving Gold, 44 areas receiving Silver and 26 areas achieved Bronze awards.

This year, we incorporated external scrutiny into our clinical accreditation programme by partnering with Healthwatch Bucks, who conducted inpatient audits and asked patient questions as part of the accreditation assessment.

## Reducing Waiting Times

During 2023/24 we made significant strides in reducing waiting times. By both increasing capacity and using the capacity we have more effectively, we reduced the number of people waiting over 65 weeks on a hospital waiting list from 782 in March 2023 to 20 by the end of March 2024.



In March 2023, there were potentially 9,000 patients on our lists that might have to wait 78 weeks to be seen but by March 2024 there were no patients waiting over 78 weeks.

Although, elective activity (i.e., planned) activity in 2023/24 was 89% of 2019/20 levels for day cases and elective admissions, outpatient attendances increased and were 111% compared to 2019/20 levels, despite the impact of several period of industrial action. During 2024/25 we plan to maintain this increased activity for outpatient attendances and increase elective activity to at least 110% compared to 2019/20 levels.

We have continued to see an increase in referrals and as a result the overall waiting list for elective care has increased to almost 50,000. Urgent patients continue to be prioritised.

We have made significant progress during the year in reducing waiting times for those that have waiting the longest - both by increasing capacity, with all

our theatres operational from Q4, and using what we already have more efficiently. Average waiting times for acute treatment across the Trust have reduced from 20 weeks to 16 weeks across the year.

The number of patients waiting over 52 weeks has also decreased from 3,444 in March 2023 to 2,401 in March 2024.

Whilst we have made significant progress over the year, we recognise that there are still too many people waiting longer than they should be and reducing waiting times remains a key priority during 2024/25.

## Patient Initiated Follow-up (PIFU)

Traditionally, regular follow-up appointments are arranged within a specific time frame, e.g., every 6 or 12 months. Some patients find these regular visits useful and reassuring but for others it can be frustrating or stressful coming to hospital if they don't feel they need to.

At the beginning of 2022, the Trust introduced Patient Initiated Follow-up (PIFU) for suitable patients. In practice this means the patient can arrange a follow-up with the clinical team looking after their care, when they feel they need it or if their symptoms get worse, within a given timeframe.

PIFU has benefits for both the patient and the Trust. It gives our patients more control over follow-up appointments, giving them access to support and guidance when they need it most, and for many people it means that they don't need to come to hospital as often. For the Trust, it means that there are fewer patients coming to hospital when they don't need to, freeing up appointments for those that do. It's also beneficial for the environment, reducing our carbon footprint by lowering the number of patients travelling to our hospitals unnecessarily.

During 2023/4, we managed 7,200 patients through the PIFU pathway compared to 5,000 in 2022/23. Currently, 24 specialties across the Trust are using PIFU with Physiotherapy, the National Spinal Injuries Centre and Ears, Nose & Throat accounting for nearly 75% of PIFU activity. During 2024/25 we hope to expand PIFU to other specialities such as Ophthalmology, Dermatology and Orthopaedics.

## Surgical Hub Accreditation

In January 2024, Wycombe Hospital was successfully accredited as an elective surgical hub delivering high standards in clinical and operational practice.

The scheme, run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help hubs deliver faster access to prioritised care and surgical procedures such as cataract surgeries and hip replacements. It also seeks to assure patients about the high standards of clinical care.

Surgical hubs, which are separated from emergency services, are part of plans nationally to increase capacity for elective care with more dedicated operating theatres and beds.

The hubs exclusively perform planned surgery and mainly focus on high volume, low complexity (HVLC) surgery across six specialties – ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology.

Hubs bring together the skills and expertise of staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery. Because they are separated from emergency services, their surgical beds can be kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations.

Wycombe Hospital was recently visited and assessed by the GIRFT team for accreditation and recognition that the hub is working to a defined set of clinical and operational standards on:

- The patient pathway
- Staff and training
- Clinical governance and outcomes
- Facilities and ring-fencing
- Utilisation and productivity

This national accreditation applies to both adults and children and recognises the clinical and operational excellence the Trust delivers to patients who need specialist elective surgery. It will enable the Trust to apply for additional funding streams with the aim of building a new elective care centre at Wycombe so that the outstanding care we already deliver can be delivered in an excellent environment.

Wycombe Hospital is one of 31 hubs to date that have been accredited. There are around 94 hub sites currently in operation in England and the scheme is being rolled out nationally with quarterly cohorts to accredit all hubs over the next two years. While it is not mandatory for trusts to seek accreditation, the long-term goal is for every elective hub to be accredited.

## Uterine Artery Embolisation

Uterine Artery Embolisation is a minimally invasive alternative to hysterectomy and myomectomy, endorsed by National Institute for Health and Care Excellence (NICE) guidelines. It shrinks fibroid tumours by blocking their blood supply. 90% of procedures are for fibroids, a common issue affecting 74% of premenopausal women.

A recent approach has enabled same-day discharge, enhancing patient experience, pain management, and efficiency, reducing waiting times and admission costs. With only one admission out of 45 procedures performed, waiting times have decreased significantly, benefiting patients and optimising resources.



## Cancer

During 2023/24, we saw a 9% increase in the number of patients being referred compared to 2022/23 and 25% higher than pre-pandemic levels.

In March 2024, 92% of patients were being seen for their first appointment within two weeks when referred for suspected cancer, against a target of 93%. The two weeks wait target was replaced with the Faster Diagnosis Standard in October 2023 where we aim to diagnose and inform patients of the next steps within 28 days following their referral. 77.8% of patients met this timeline in March 2024 against a target of 75%.

During the year, the Trust has also improved in the following key areas:

- The number of patients waiting over 62 days for their treatment has reduced by 9% and the Trust is now compliant at 69.4%, below the national target of 70%
- The number of patients that met the 31 days decision to treat to treatment standard has improved by 5% and the Trust remains compliant at 84.6%, below the national target of 96%
- The number of patients treated within 62 days from referral has increased by 5%

We have also improved waiting times for treatment. At the start of the year, waiting times were longer than planned. However, by the end of the year, we were the best performing trust in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System with only 5.93% of patients waiting more than 62 days for treatment compared to 7.57% in March 2023 with the NHS England threshold/ target set at 6.3%.

To ensure that we are keeping patients safe whilst they are waiting for treatment, a clinical harm review is carried out by a consultant for all patients waiting over 104 days. Any identified risk of harm is investigated according to the patient safety guidance and discussed by the cancer board to decide if further action is required. No cases of clinical harm were identified in 2023/24.

The Trust plans to start a lung screening service from April 2024, whereby smokers and ex-smokers between the ages of 55-74 will be invited to participate in the screening. This is part of the early diagnosis programme and evidence has shown that early diagnosis leads to better survival rates.

We have also prioritised people's experience of cancer, both people accessing our services, but also crucially the people who deliver those services. We have made good progress in engaging with key stakeholders across all our patient pathways and divisions and have developed a robust body of evidence demonstrating what is important to people with experience of cancer.

The coming year will see the launch of our co-produced cancer strategy ensuring the quality of care is at the centre of everything we provide. We will also establish a

'Cancer Patient Partnership' to ensure the voice of people affected by cancer is heard and acted upon across all our current and future improvement activities.

## Diagnosics

During 2023/24, the Trust made significant improvements in meeting the target of 95% of patients having their diagnostic procedure within 6 weeks, improving from 45.79% in March 2023 to 83% as of the end of March 2024. This achievement was in spite of the fact that demand increased throughout the year with a higher number of cancer and urgent referrals, which we have continued to prioritise.

Diagnostic activity levels have grown year on year for the last three years, and an average of around 11,800 patients were seen each month. This remains consistently higher than the pre-pandemic levels in 2019/20. Referral rates continue to increase, indicating that additional capacity will be required in 2024/25, particularly in radiology and endoscopy.

We are working closely with clinical colleagues in all services across the Trust, particularly in the ED, to ensure that all diagnostic tests add value to our patients' care pathways and to maximize our available capacity to reduce waiting times. Additionally, we plan to implement clinically validated demand management tools like i-Refer to help us reduce unnecessary diagnostic testing.

Endoscopy has introduced transnasal procedures which are quicker and less uncomfortable than a standard Oesophago Gastro Duodenoscopy, and therefore better tolerated by patients. This will also enable us to carry out an additional 180 procedures per month.

In March 2024, Wycombe Hospital's cellular pathology laboratory achieved UKAS accreditation, while the blood sciences laboratory regained its accreditation after resolving issues from the 2023 surveillance visit. Additionally, BHT Pathology completed the high-level design for a new Laboratory Information Management System (LIMS) with South 4 Pathology labs, and the team won an award for service improvements inspired by F1 motorsports.

## Amersham Community Diagnostics Centre

The Community Diagnostic Centre at Amersham Hospital has continued to develop since its opening in October 2021. The Community Diagnostic Centre provides direct access for faster diagnostic tests and examinations avoiding longer waits for routine appointments at the main acute hospital sites. It can also offer a one-stop shop for patients to receive different tests and examinations on the same visit for example a blood test and chest x-ray. The range of tests includes cardiology and respiratory diagnostic tests including Spirometry, 24-hour blood pressure monitoring, and echocardiography.



The team offering blood tests has increased opening hours to include weekends with all appointments being bookable online through the Trust's website for patients having been referred by their GPs.

## Radiology

There has been significant investment in diagnostic imaging equipment over the last year. Radiology opened a new general fluoroscopy unit in October 2022 with a state-of-the-art Interventional suite opening in April 2023. These units have helped Radiology manage the increased activity on complex Interventional cases and general fluoroscopic procedures. A new cardiac Magnetic Resonance Imaging (MRI) and a Computerised Tomography (CT) Scanner have been purchased and will be installed on the Wycombe site this year. Two new digital X-Ray units were installed at Stoke Mandeville Hospital in February 2024, with two other units being installed in Wycombe Hospital in May 2024.

Work is underway to install a further new MRI and CT scanner in a purpose-designed modular building at Amersham, which should be completed during 2024/25.

## Healthy Communities

### COVID-19 vaccination programme

The Trust has proudly supported Buckinghamshire's ongoing COVID-19 Vaccination programme, assisting BOB ICB in conducting public vaccination clinics during the Spring 2023 and Autumn/Winter 2023/24 campaigns. Over 15,000 vaccinations have been administered in these two seasons.

This dedicated team has been providing vaccinations to diverse groups, including dedicated clinics for Cancer Services, attendance at special educational needs and disabilities (SEND) schools, and personalised care for individuals with learning disabilities or neurodiversity. They've also supported local primary care networks by vaccinating over 1,200 residents in care homes or who are housebound, as well as 150 inpatients across four sites in the Trust.

We've expanded our services during pregnancy, offering opportunistic maternal vaccines during antenatal appointments for flexibility and accessibility. Our Maternity Vaccine Champions now provide all three recommended maternal vaccines, including seasonal Influenza and year-round Whooping Cough protection. In Autumn/Winter 2023/24, we administered 284 COVID, 339 Flu, and 469 Whooping Cough vaccines.

Vaccination is crucial for health protection, and our BOB ICB-funded Community Engagement initiative enables our team to vaccinate and engage with groups in Bucks. They participate in various events, including the Bucks County Show, High Wycombe and Aylesbury Christmas Lights switch on, places of worship, lunch clubs, and social groups countywide.

## Improvements in patient experience

### *Improvements to interpreting service*

An awareness-raising campaign took place during 2023/24 to encourage the use of our interpreting services. Interpreting service information was disseminated through multilingual posters. We saw a 42% increase in fulfilling face-to-face interpreting requests, from 46% to 88%. We also introduced an on-demand video British Sign Language service to improve accessibility.

### *Carer Passport*

We appreciate the crucial role provided by carers in caring for our patients. This year, we conducted a successful pilot of our Carer Passport programme for inpatient carers. With the patient's consent, the passport enables carers to actively participate in caregiving, decision-making, and care planning, offering benefits such as parking concessions. We plan to embed the passport across all inpatient areas in 2024/25.

### *New patient forums*

This year, we expanded patient forums throughout the organisation. New forums were established for people who have had a stroke and people living with Parkinson's, parents of children with cystic fibrosis, and patients with inflammatory bowel disease. Forum members actively developed new information, provided peer support, and contributed to quality improvement projects.

### *Better support for women in the Emergency Department (ED)*

In response to patient feedback and complaints, the ED team implemented changes to enhance care and experience for women with threatened or actual miscarriage:

- Dignity packs, including pads and wipes, are now stored in the triage area
- A new mandatory ED training day on miscarriage, conducted by an early pregnancy loss midwife, has been implemented.
- Collaboration with the Aching Arms charity, providing support services to parents after their loss, including trolley training for colleagues on communicating with parents, has been established.

## Complaints

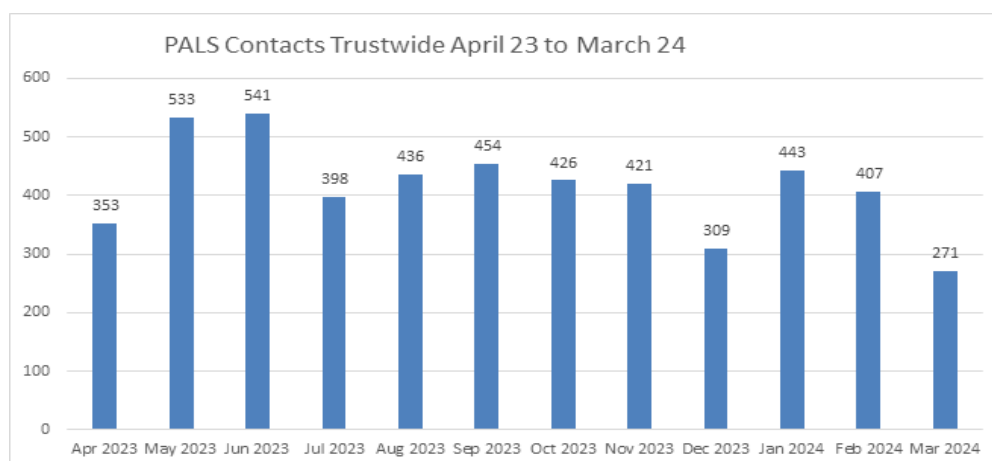
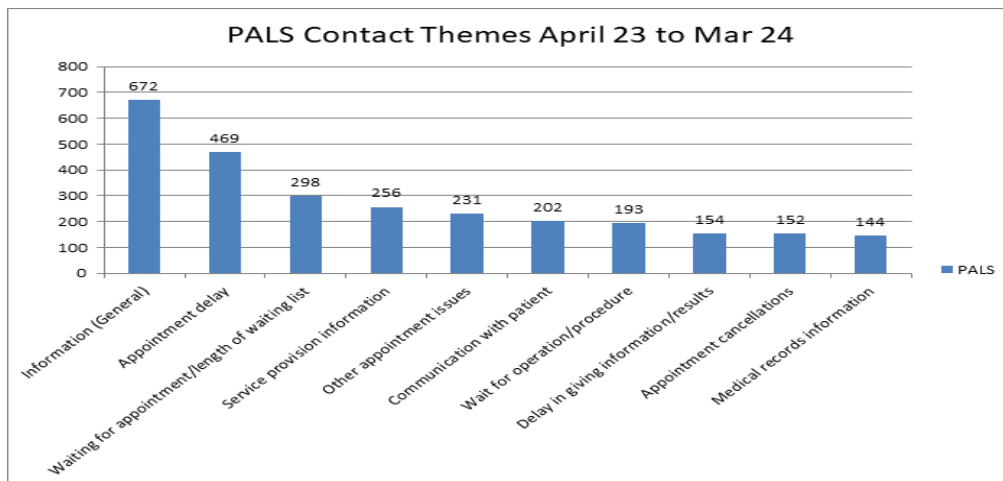
In 2023/24, the Trust received 465 formal complaints, a decrease from 538 in 2022/23. Communication with patients was the most common theme for complaints, increasing from 22 in 2022/23 to 82 in 2023/24. The other main themes were other patient care issues, inadequate communication with relatives/carers, and unmet care needs.

Several initiatives have been put in place to address some of the areas of concern. A "Meet the Matron" initiative has been piloted whereby patient relatives and colleagues can 'Meet the Matron' on a dedicated day of the week.

We have also introduced a new process for managing patient property, which has resulted in a significant reduction in complaints regarding lost property.

## Patient Advice and Liaison (PALS)

In 2023/24, the Trust recorded 4,992 PALS contacts, a decrease from 5,663 in 2022/23. General information accounted for the highest number of PALS contacts, followed by appointment delays, length of waiting list, and service provision information.

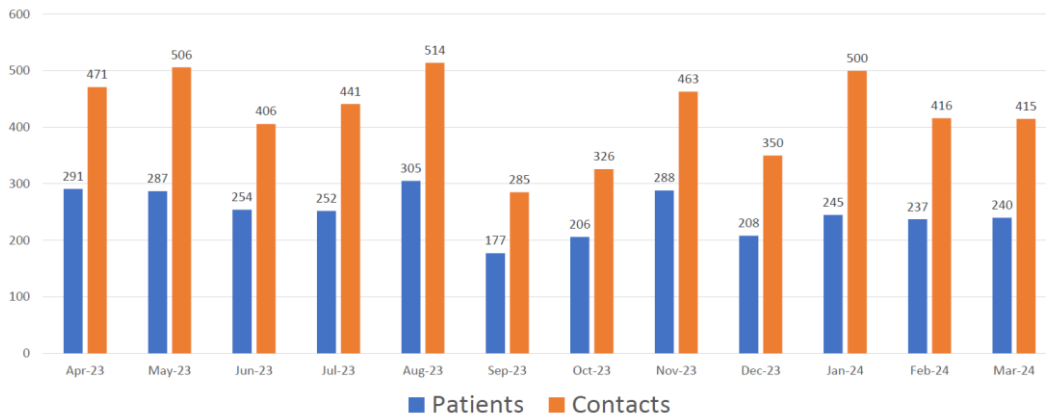


We continuously review our leaflet, flyer, brochure, booklet or web content which provides information for patients, their families or carers and members of the public. The Trust Communications Advisory Panel is a group of volunteer patient, carer and disability group representatives who ensure that the information created and provided by BHT for our patients is written and presented in a consistent style and tone that is accessible for most patients and their families or carers. The Communications Advisory Panel works closely with the BHT communications team to review new patient information documents produced each month.

## Chaplaincy

The chaplains, supported by over 30 trained volunteers, provided round-the-clock pastoral, spiritual, and religious care to patients and their visitors. This included compassionate listening, support for personal faith, end-of-life spiritual care, and bereavement assistance. In 2023/24, a total of 2,990 patients were supported by the service and made 5,153 contacts and visits.

## Patient Support Apr '23 – Mar '24



## Palliative and End of Life

Our goal is to enhance the end-of-life experience for patients and families in both inpatient and community settings. Here are some examples of the personal and compassionate care we strive to deliver:

- In 2018, we introduced a Palliative Care InReach team. During the year we have expanded the nursing team and incorporated medical support from Florence Nightingale Hospice. This team enables early identification of patients and families needing Palliative Care support, enhancing symptom control and overall experience. They also identify patients who would benefit from hospice admission and facilitate their transfer from the Emergency Department to the hospice inpatient unit.
- Over the past year, 50% of hospice admissions consisted of patients from Stoke Mandeville Hospital needing the service, marking an increase compared to previous years. The Hospice consultants and hospital team are fostering closer relationships with non-cancer services like Liver, Renal, Cardiac, and Stroke, facilitating early Palliative care intervention to enhance patient experience.
- Consultant-led virtual wards for both palliative care and neuropalliative patients have been initiated. This approach enables discussions among consultants, community nurses, allied health professionals, and other palliative care providers to manage complex patient care in the community, fulfilling patients' wishes to stay at home and prevent hospital admissions.

## National Spinal Injuries Centre (NSIC)

The NSIC, founded on 1st February 1944 by Professor Sir Ludwig Guttman, was the UK's first spinal injury centre. Guttman pioneered the use of sports in rehabilitation programmes for inpatients. He also initiated a competition for paralysed individuals during the 1948 Olympic Games in London, giving rise to the

Paralympics. This connection endures, with prominent past and future athletes receiving treatment at the NSIC.

To commemorate this milestone, the centre initiated an appeal to raise £80k, supporting top-tier treatments, patient care, and research into novel rehabilitation methods and technologies for spinal cord injury patients.

## Pharmacy

The World Health Organisation (WHO) categorises antibiotics into three groups: Access, Watch, and Reserve. The global objective is to minimise the use of Watch and Reserve antibiotics, which are critical for human medicine and at greater risk of resistance. This aim is reflected in the UK's Antimicrobial Resistance (AMR) National Action Plan, which commits to a 10% reduction in the prescribing of Watch and Reserve antibiotics in hospitals from 2017 to 2023/24.

The Trust is committed to reducing inappropriate antimicrobial prescribing in alignment with the UK's five-year national action plan. With the expansion of the Pharmacy Antimicrobial Team and collaboration with other departments, BHT has achieved an 18.7% reduction in the use of 'reserve' and 'watch' antimicrobials compared to baseline data from 2017. This exceeds our target of a 10% reduction. Notably, we are the only organisation in the BOB region to achieve this milestone.

## Improving the overall management of eating/drinking/swallowing difficulties for residents in Buckinghamshire care homes

The Adult Speech and Language Therapy (SLT) community team receives over 600 referrals annually from Buckinghamshire Care Homes. Many of these referrals involve residents who don't require specialist SLT support but have eating/drinking/swallowing difficulties manageable within the care home. The Trust initiated a collaborative project in September 2023 to improve the overall management of eating/drinking/swallowing difficulties for residents in Buckinghamshire care homes.

This project aims to empower care home staff to implement resident-centred care by utilising their knowledge of residents and swallowing difficulties. The goal is to redirect care home staff to therapy, rehabilitation programmes, preventative care, and self-management, thereby improving the referral process for SLT clinicians to focus on patients needing assessment.

The Adult SLT Service has taken several steps to develop the project with the goal of piloting the codesigned resource by September 2024. Data will be reviewed to assess the project's impact by December 2024.

## Quality Improvements for people with Parkinson's disease

In 2023/24, there has been significant work completed in partnership with our local Parkinson's Branch to improve the care we give to people in our community with Parkinson's Disease (PD). This has included the following initiatives:

- A Directory of Services (DoS) with co-produced content and shared through BHT websites – [Parkinson's disease - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://www.buckshealthcare.nhs.uk/parkinsons-disease)
- Mapping the patient pathway with local members of the Parkinson's Branch
- Increased capacity within the Drake Therapy Service thereby reducing waiting times and renewed process for PD review clinic.
- Closer working between Drake and the Community Neuro-rehabilitation Service to support this client group.
- A newly developed scheme for volunteers to support PD clinics.
- Joint work with local branch on increasing awareness of PD within the Trust including World Parkinson's day with Quiz, PD stands, Trolley Dash, Video blogs and Executive briefing.
- Expert patient attending training sessions for BHT colleagues.
- Supporting the Swallow Assessment in Front Door Assessment areas at Stoke Mandeville Hospital linked with Time Critical Medication project funded by Parkinson's UK.
- Successful bid for 'In reach PD Nurse' to support patients with the hospital and to prevent readmission funded by Parkinson's UK.
- Specialist Therapy Equipment funded by the local branch including an exercise bike, steps to practice mobility and a weighing scale.

## Employment Opportunities

The Trust's Bright Futures @BHT pre-employment programme aims to inspire young people locally about workforce needs and skills gaps to support the NHS Long Term Workforce Plan and meet future patient needs. It also builds healthier communities by promoting awareness of the employment opportunities the Trust offers, targeting support at schools and colleges serving Opportunity Bucks areas.

The Trust chairs the Buckinghamshire Cornerstones Employers, a group of flagship local businesses working with the Careers & Enterprise Company – the national body for careers education in England. We were represented at a House of Lords Celebration of Careers Excellence in March in recognition of this support.

### *Careers outreach*

Over 7,500 students engaged in careers activities across 65 events in local schools and colleges, including mock interviews, classroom talks, careers fairs, employer networking and employability skills workshops. Highlights included:

- Career Detectives event at Kingsbrook School: students guessed the roles of volunteers using yes/no responses



- Interactive carousel for health & social care students at Aylesbury Vale Academy gave insights into midwifery, nursing and Operating Department Practitioner roles
- Launched the national ‘Step into the NHS’ careers competition at 4 local schools
- The Bucks Skills Show, the country’s biggest and most interactive careers event attended by over 6,500 young people and job seekers.



*Students explored 9 different roles at our Allied Health Professions taster experience*

### *Work experience and small group visits*

During 2023/4, the Trust facilitated individual work experience placements for 375 students aged 16 or over. Small group workplace visits to hospital sites were organised for a further 75 students and teachers. A new Allied Health Professions taster experience provided an insight into 9 different roles through talks, simulation and real-life clinical observation. This was very popular with students and will now be repeated each academic year. Evaluation has demonstrated that 99% of those who took part said that work experience gave them a better understanding of the skills and values needed in healthcare, with the same number saying that they would consider working for the Trust in the future. Feedback has included:

*“This experience was extremely valuable to me ... it gave me more academic motivation to achieve my goals.”*

*“I loved seeing the work environment. It has strengthened the fact that I want to continue to be a midwife.”*

*“It provided me with confidence that physiotherapy is what I want to study at university.”*

The Trust also successfully piloted a new national ‘teacher encounter’ workplace visits programme with partner Buckinghamshire Skills Hub to embed careers in the school curriculum, and this is now being rolled out termly.



### *In-house careers events, information and resources*

Over 350 secondary school students, parents/carers and teachers attended one of our new after-school 'Discover careers' programme of interactive talks held at Stoke Mandeville Hospital, spotlighting roles in: medicine, nursing & midwifery, psychology, the Allied Health Professions, pharmacy and biomedical science. This will now be repeated each academic year to encourage young people from Year 7 upwards to consider careers options.

## Children and Young People

Our service vision for children and young people (CYP) is that:

*"Every child deserves the best start in life and beyond to reach their full potential – Children and Young People's services working together with our community creating the foundations for children to thrive".*

### Healthy Child Programme Public Nursing Service

The new integrated service, incorporating health visiting, school nursing and family nurse partnership, was successful in winning the contract to continue to deliver the Healthy Child Programme to the Children and Young People of Buckinghamshire for the next five years, with an optional extension for two years. The new contract commenced on 1 April 2024. A transformation programme has been commenced to deliver the requirements of the new contract and to build on and enhance the service we give to the children and young people of Buckinghamshire.

Developments include the rollout of universal ante-natal contact (including antenatal groups); the utilisation of Early Language Identification Measure (ELIM) at the 2 – 2 ½ year review; digital advancements (including webinars and additional ways of accessing our services – see below).

We continue to utilise Unit 33 "*Health on the High Street*", with school aged immunisations catch-ups, health visiting sessions and a School Nurse health promotion session with a focus on healthy eating!



## School Nursing

In February 2023, the school nursing team introduced three digital resources to expand their reach to young people in Buckinghamshire: Chat Health text messaging service, Health for Kids website, and Health for Teens website:

[Health for Under 5s | For healthy, happy early years](#)

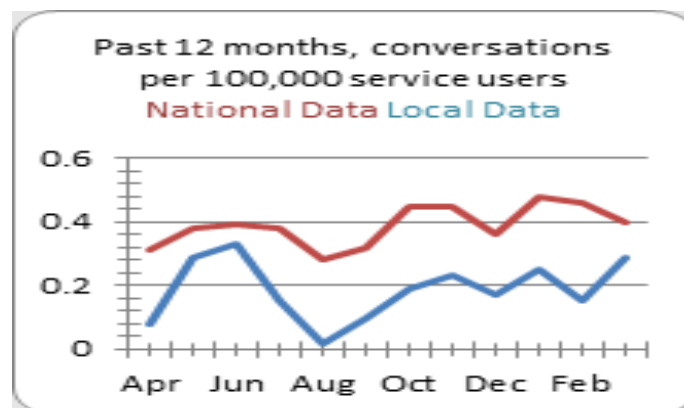
[A fun way to learn about health \(healthforkids.co.uk\)](http://healthforkids.co.uk)

[Health for Teens | Buckinghamshire](#)

## Chat Health

The top three most common reasons for a young person to contact Chat Health have been for:

- *Anxiety/Panic Attacks*
- *Depression/Low Mood & Emotional Wellbeing*
- *Self-Harm*



The service has developed a partnership with a voluntary group to develop “worry creatures” and “worry bears” to help children and young people talk about their feelings.



## Health for Teens website

In March 2024 our [Health for Teens | Buckinghamshire](#) website and Chat Health Service was “Mystery Shopped” by a small group of young people. This was

organised by Brighter Futures Together and Great Marlow School [Home - Brighter Futures Together : Brighter Futures Together](#).

The students praised the websites for being clear, evidence-based, and informative, with a friendly and jargon-free tone. They appreciated the design, accessibility, and ease of use on mobile phones, as well as the helpful "Get me out of here" button. Regarding Chat Health, they liked having a real nurse respond with personalised, non-biased advice. They felt cared for, listened to, and not overwhelmed by the responses they received.

### Community Nursing for Children with Learning Disability (CNCLD)

In Summer 2023 the CNCLD service started using "Widgit" to support communication with younger people who might require different/visual forms of communication. Licenses for Widgit have been extended to other BHT services to enhance patient experiences for those with learning disabilities or additional language/learning needs.



A short video to explain Widgit further can be found here:  
<https://widgitonline.com/en/home#video>  
main

### Community Paediatrics - Special Education Needs and Disability Inspection (SEND)

Community Paediatrics in Buckinghamshire has made significant strides in addressing the requirements outlined in the Written Statement of Action following a joint local area SEND inspection in March 2022. Progress includes reducing over 50-week waits, improved referral triage processes, increased clinic capacity and expanded team capacity.

Recruitment and outsourcing initiatives funded by the action plan have bolstered MDT staffing, triage capabilities, and clinic resources. These efforts have led to greater stability, reduced frontloading of statutory work, and improved service efficiency. Further details can be found in the published action plan (<https://familyinfo.buckinghamshire.gov.uk/send/written-statement-of-action->).

Buckinghamshire Children and Young People's Integrated Therapy Service (CYPIT) collaborated with Buckinghamshire Council's Integrated Special Educational Needs and Disabilities (iSEND) Service to improve the triaging process for Education Health and Care Needs Assessment Requests (EHCNAR). This joint effort aimed to streamline referrals and ensure a multidisciplinary approach to assessing children's needs. By attending weekly SEND Forums and providing enhanced guidance, CYPIT and iSEND have effectively reduced the number of assessment requests and improved early intervention opportunities for children.

## Great Place to Work

Throughout the year we have maintained our commitment to the well-being of our colleagues. Recognising our colleagues as our most valuable asset, we understand that a motivated and healthy workforce is crucial for delivering the exceptional care we strive to provide.

We have a CQC rating of 'Good' for 'Well-led' and support development in this area through our comprehensive leadership and management education and support programmes.

Aligned with our strategic people goals for 2023-2025, we remain committed to ensuring that our workforce feels motivated, empowered to make a difference, and proud to be associated with BHT. This year, we focused on two breakthrough objectives to achieve these goals:

- Developing the core management and leadership skills of approximately 300 managers in key roles.
- Enhancing the onboarding and first-year experience to mitigate turnover among colleagues with less than 12 months' service.

We provided training to 340 managers in key roles last year and continued supporting the development of leaders at all levels within the organisation through programmes tailored to both newer and experienced managers.

Our work to improve the first-year experience has made a difference with our rolling leaver data for 2023/24 showing that 8.2% of leavers had less than 1 years' experience, within our 12% target.

This programme is closely aligned with our NHS People Promise. The NHS People Promise is our guiding principle for all colleagues, developed by those who work in the NHS and reflects what would make the greatest difference in improving their workplace experience.

Following our selection as one of 23 national exemplar sites to undertake the People Promise Retention Programme, in April 2022, the national team extended the programme for a second year (ending March 2024). This provided a unique opportunity to accelerate improvements for our colleagues, aligning our programme to our vision to ensure that the Trust is 'A Great Place to Work'.

The Trust's target for overall staff turnover is 12%. Since the start of the programme, turnover has fallen from 14.9% (May 2022) to 10.8% (Feb 2024). We have also seen continuous improvement in our National Staff Survey scores for all elements of the People Promise.

## Building a Positive Speaking-up Culture

Our Freedom to Speak Up Guardian (FTSUG) plays a vital role in providing a safe environment for colleagues to raise concerns without fear of detriment or blame, ensuring the safety of both patients and staff. BHT complies with local and national reporting requirements, with FTSUGs trained according to The National Guardian Office (NGO) standards. Over the past year, the BHT

FTSUG team has reached over 2,870 contacts through our outreach efforts, demonstrating our commitment to accessibility and awareness.

We welcomed our new designated Non-Executive Director during the year. The service handled more than one hundred cases of concerns involving over 135 individuals from across the Trust, representing diverse roles and backgrounds. Our Speaking Up (SU) Champions, now numbering 70, help promote the FTSU service, reflecting the diversity of our workforce.

Our results from the 2023 NHS Staff Survey showed improvements in two of the four key questions relating to raising concerns, with significant change for improvement in one. Scores for all questions remained significantly better than average scores for Trusts of our type (Acute and Acute/Community Trusts). However, there is still much to do to improve the experience for our colleagues.

## Learning and Development

The Trust's education team provides comprehensive education and training to a wide range of individuals, including undergraduates, post-graduate doctors, internationally trained doctors, nurses, and other clinicians. In 2023/24, we supported over 900 medical students from partner universities and delivered programmes to around 230 post-graduate doctors, covering core curriculum and leadership competencies.

Additionally, we assisted 78 international doctors through our International Medical Graduate (IMG) programme, offering weekly forums, skills training, and a buddy support system. We collaborated with Humber NHS Foundation Trust to provide social prescribing support for international employees, a unique service well-received by IMGs.

Our nursing and midwifery undergraduate student placement capacity increased, accommodating over 320 students. We plan to expand placement capacity further in alignment with the national NHS workforce plan. Our well-established preceptorship programme supports newly registered practitioners, aiming to achieve the GOLD Standard in preceptorship quality.

Educational Practice Development Nurses deliver Continuous Professional Development (CPD) for nurses, midwives and allied health professionals) offering over 100 different courses annually. Currently, we have 23 active Advanced Clinical Practitioners trainees, with 9 on track to qualify in September 2024. Key this year has been our focus on providing appropriate education and induction programmes for recently recruited internationally educated nurses; the team also supports various initiatives, including induction programmes, ward accreditation, falls awareness, and quality improvement projects.

## iAspire

iAspire is the Trust's comprehensive training, performance, and talent management platform, offering colleagues easy access to development opportunities and appraisals. Its primary functions include supporting appraisals, one-to-one conversations, and training. In 2023/24, we expanded iAspire to include additional features like clinical supervision, a career development framework (Scope for Growth), and information pages for onboarding and safeguarding.

Moving forward, we plan to integrate preceptorship into the system, streamlining the learning process by providing a clear journey for newly qualified nurses, midwives and allied health professionals. This workflow will benefit preceptees, preceptors, and line managers by centralising all learning activities in one space.

Quality  
improvement  
achievements  
against priorities



This section of the Quality Account highlights achievements against the priorities set for 2023/24. The achievement of each quality priority will be measured with the triangulation of key performance indicators and associated quality metrics, patients, and feedback from colleagues.

Priorities outlined below will be reflected as achieved, partially achieved or not achieved with a brief supporting statement and data to explain the position.

	<b>Achieved</b>
	<b>Partially achieved</b>
	<b>Not achieved</b>

## Priority 1: Patient Safety

<b>Priority 1: Patient Safety</b>	<b>Status</b>
A. Reduction in the number of Trust acquired category 3 and 4 pressure ulcers	<b>Not Achieved</b>
B. 80% of staff have completed the Level 1 training module – Essentials of Patient Safety - in line with PSIRF implementation	<b>Not Achieved</b>
C. Roll out of the electronic observation for Maternity Early Warning Score (eMEWS) and Paediatric Early Warning Score (ePEWS) across inpatient areas	<b>Achieved</b>
D. Less than 4% of patients waiting more than 12 hours in the Emergency Department in March 2024	<b>Achieved</b>
E. Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery	<b>Achieved</b>

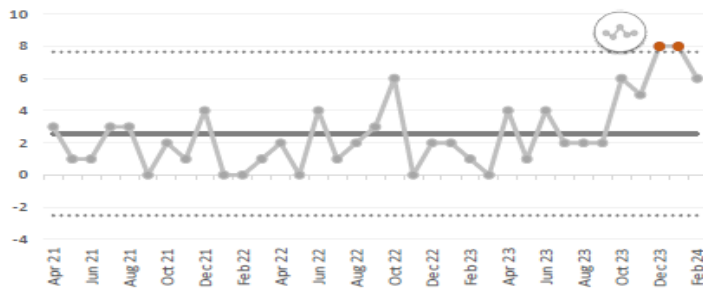
### **Ambition A: Reduction in the number of Trust-acquired category 3 and 4 pressure ulcers. Goal not achieved.**

We have seen an increase in Trust attributed pressure ulcers. Pressure ulcer categories 1,2 and deep tissue injury are classified as low harm whilst pressure ulcers category 3, 4 and unstageable are classified as moderate harm. Our Trust reported 57 moderate harm pressure ulcers (PU) incidents in 2023/24, an increase in comparison to 27 category 3 and 4 PU reported in the previous year.

Significant increase in category 3 PU partly due to changes in the national guidance, which added previous unstageable PU as a category 3 pressure ulcer since December 2023.

### Pressure ulcers - category 3

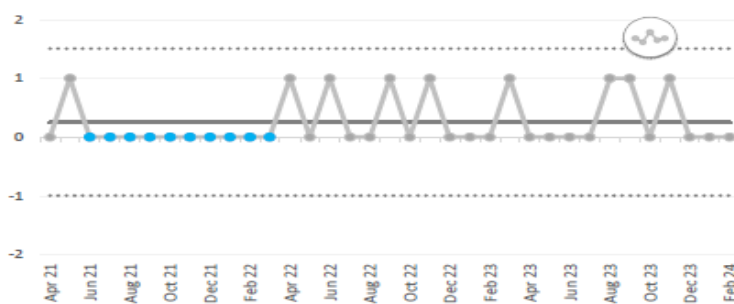
Number of acquired category 3 pressure ulcers.



Feb-24
6
Variance Type
Common cause variation
Target
-
Achievement
N/A

### Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.



Feb-24
0
Variance Type
Common cause variation
Target
-
Achievement
N/A

**Ambition B: 80% of staff have completed the Level 1 training module, Essentials of Patient Safety, in line with PSIRF implementation. Goal not achieved.**

A total of 266 colleagues completed the level 1 patient safety module which is below the target set by the Trust. An action plan has been created to increase compliance and will be monitored through the Patient Safety Board.

**Ambition C: Roll out of the electronic observation for Maternity Early Warning Score (eMEWS) and Paediatric Early Warning Score (ePEWS) across the inpatient area. Goal achieved.**

The Maternity Early Warning Score has been designed to allow early recognition of physical deterioration in pregnant women by monitoring their physiological parameters. Similarly, the Paediatric Early Warning Score (PEWS) is a standardised tool used to identify sick infants, children, and young people who are at risk of deterioration. It provides a systematic approach to assessing vital signs and other clinical indicators.

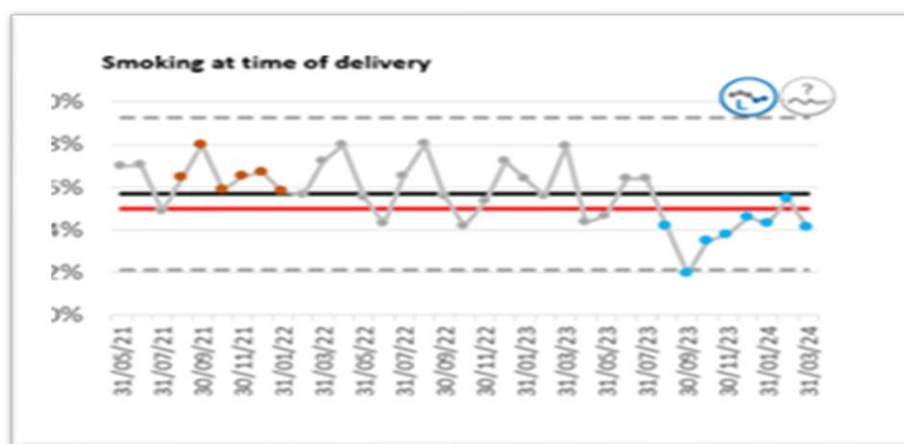
All clinical areas at BHT record observations electronically, facilitating timely alerts through the early warning score system, thus enhancing patient safety.

**Ambition D: Less than 4% of patients waiting more than 12 hours in the Emergency Department (ED) in March 2024. Goal achieved.**

We exceeded this target with no more than 3.4% of patients spending more than 12 hours in ED in March 2024. Although there is still further progress to be made to deliver the national target of 2%.

**Ambition E: Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery Goal achieved.**

An in-house tobacco dependency service was launched, showing success in monitoring carbon monoxide levels, engaging with cessation services, and reducing smoking rates at birth. During quarter 4 in 2023/24, the overall rates of smoking at time of delivery is 4.3%



## Priority 2: Improving the experience of our patients and colleagues

Priority 2: Improving the experience of our patients and colleagues	Current Status
A. Roll out of the Carer Passport in inpatient areas across the organisation	Partially achieved
B. Reduction in the total number of agency nurses' used for enhanced care supervision and one-to-one specialling	Achieved
C. Memory Box Scheme rolled out across the Trust's inpatient areas	Achieved
D. Improvement in the early identification of frailty with more than 30% of patients in ED having a documented frailty score	Achieved
E. Reduction in the number of reported incidents where patients are waiting for bed availability in the ward and ED corridor	Achieved
F. Improvement in the experience of new starters with the number of people who leave in the first year less than 12%.	Achieved

**Ambition A: Roll out of the Carer’s Passport in inpatient areas across the organisation. Piloted successful. Goal partially achieved.**

We conducted a successful pilot of our Carer Passport programme for inpatient carers in 2023/24. The passport enables carers to actively participate in caregiving, decision-making, and care planning with the patient's consent, offering benefits such as parking concessions. We plan to implement the passport across all inpatient areas in June 2024.

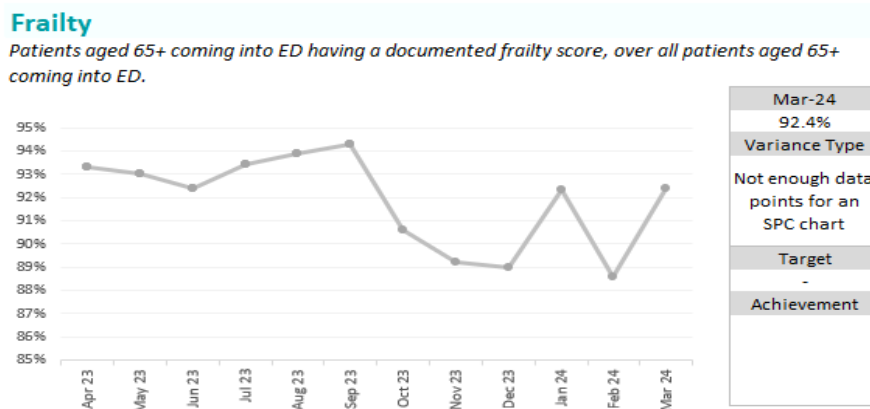
**Ambition B: Reduction in the total number of agency nurses’ usage for enhanced care supervision and one-to-one specialling. Goal achieved.**

In 2023/24, we used 12,116 hours of agency staffing for enhanced care supervision and one-to-one specialling, a reduction from 22,571 hours in 2022/23.

**Ambition C: Memory Box Scheme roll out across the Trust’s inpatient areas. Goal achieved.**

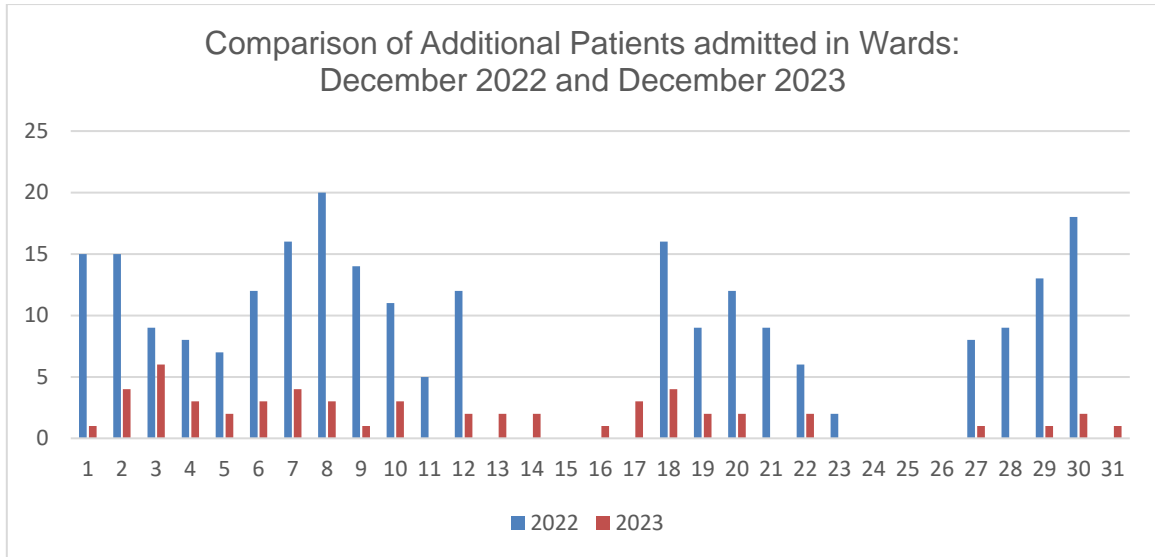
The Trust has initiated the Memory Box Scheme, which offers qualifying individuals the opportunity to have their final moments recorded and presented to their bereaved families. Patients in our Florence Nightingale Hospice have used this service, and this has now been offered to patients in other clinical areas. The palliative team will continue to promote this service to all clinical areas in 2024/25.

**Ambition D: Improvement in the early identification of frailty with more than 30% of patients in ED having a documented frailty score. Goal achieved.**

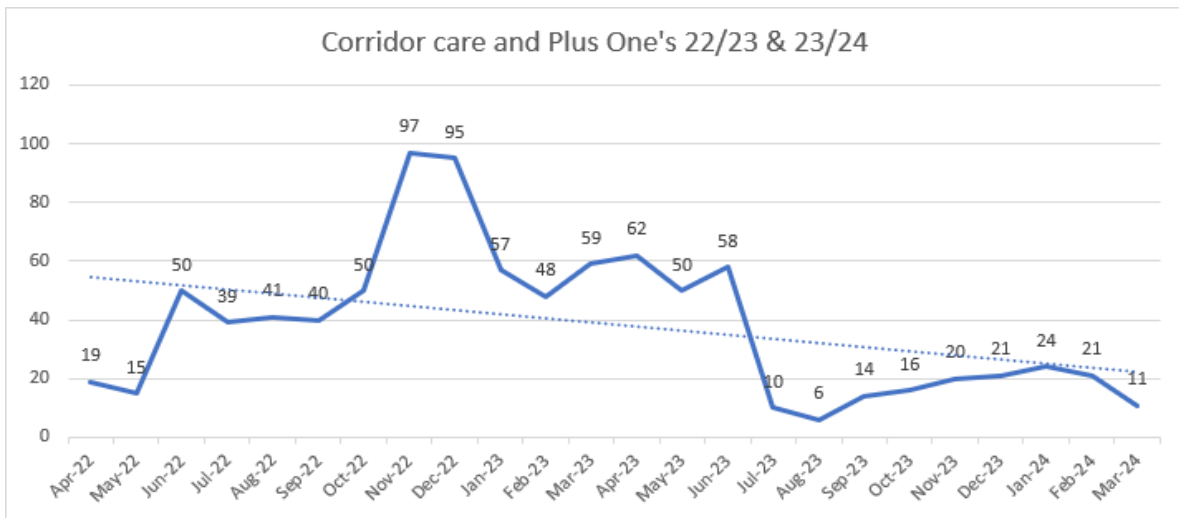


**Ambition E: Reduction in the number of reported incidents where patients are waiting for bed availability in the ward and ED corridor. Goal achieved.**

Data showed that the Trust has improved the numbers pertaining to admitting additional patients in the wards. A comparison between December 2022 and December 2023 reveals a significant decrease of 77% in the number of additional patients admitted to the wards, dropping from 246 to 55.



A total of 313 corridor care incidents were reported on Datix reporting system in 2023/24 in comparison to 610 incidents reported in 2022/23 demonstrating 49% reduction. Whilst we have seen a significant improvement, with a significant reduction in patients waiting in corridors from January 2023 to March 2024, our aim is to eliminate this in 2024/45.



**Ambition F: Improvement in the experience of new starters with the number of people who leave in the first year less than 12%. Goal achieved.**

This programme of work focused on improving the experience of colleagues in their first year to reduce the number of leavers with less than 12 months' service in the Trust. This was in response to 2022 data showing that this group had the highest proportion of leavers.

Our rolling leaver data for 2023/24 shows 8.2% of leavers had less than 1 year's experience, which is within our 12% target. This programme is closely aligned with our NHS People Promise work.

The Trust target for overall turnover is 12%. Since the start of the programme, turnover has fallen from 14.9% (May '22) to 10.8% (Feb 24). We have also seen continuous improvement in our staff survey scores for all elements of the People Promise.

## Priority 3: Improving clinical effectiveness

Priority 3: Improving clinical effectiveness	Current Status
A. Development and implementation of a bespoke swallow screening tool for people admitted with Parkinson's Disease in order to improve the administration of time-critical medication and nutrition/hydration management	Achieved
B. 80% of acute and community services have clinical accreditation by April 2024	Achieved
C. 40% of the acute and community services accreditation at silver status	Achieved
D. Reduce waiting times for community paediatrics	Partially achieved

**Ambition A: Development and implementation of a bespoke swallow screening tool for people admitted with Parkinson's Disease in order to improve the administration of time-critical medication and nutrition/hydration management. Goal achieved.**

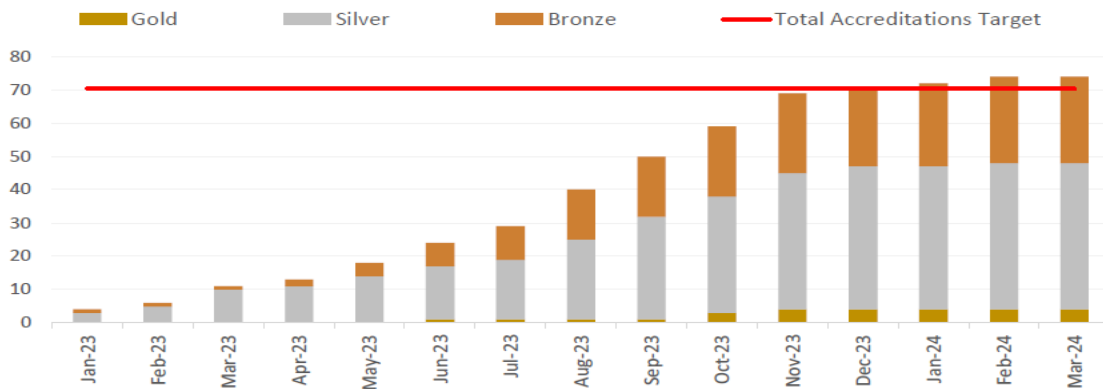
An audit conducted at BHT, which mirrored the findings of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) "Hard to Swallow" report (2019), highlighted the need to implement swallow screening for people with Parkinson's Disease (PD) in order to improve the management of time-critical medication and dysphagia in the emergency department. Funded by the Parkinson's Excellence Network, BHT's Speech and Language Therapy team developed and successfully implemented a novel swallow screening tool which has been shared across the BOB system and nationally. Since the screening tool has been implemented, there has been a 25% reduction in the number of missed doses of time-critical medication and, on average, patients with PD are waiting 15hrs 40mins less to be referred to SLT, which has contributed to an average reduction in length of stay of 6 days for this patient group.

**Ambition B: 80% of acute and community services have clinical accreditation by April 2024. Goal achieved.**

The Trust has exceeded its goal of accrediting 80% of clinical areas (70 out of 88) by completing 74 accreditations.

## CAP trajectory - total accreditations

The cumulative total number of accreditations awarded in month.

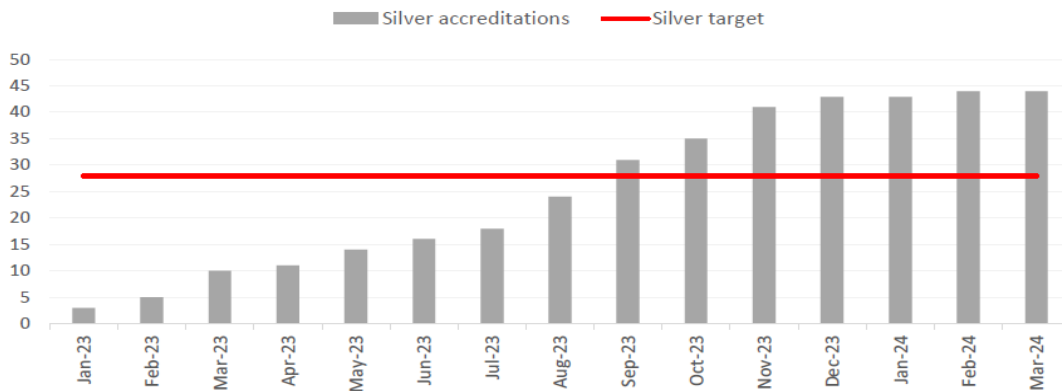


### Ambition C: 40% of the acute and community services accreditation at silver status. Goal achieved.

The Trust has exceeded its objective of achieving 40% (28 areas out of 70) of accredited areas attaining Silver awards, with an impressive total of 44 areas receiving Silver status.

## CAP trajectory - silver accreditations

The cumulative total number of silver accreditations awarded in month.



### Ambition D: Reduce waiting times for community paediatrics. Goal partially achieved.

51% of the Community Paediatric waiting list are referrals for children awaiting an initial assessment for Neurodiversity and/or with Special Education Needs (SEN).

There were four actions relating to the reduction of waiting times with one achieved and three partially achieved.





Recruitment of a new GP, a part-time consultant and a new speech and language therapist to support the MDT will enable children and young people to access the Owl Centre for neurodevelopmental diagnostic services.

# Mandatory Declarations and Assurance

## Mandatory Declarations and Assurance

All NHS trusts are required in accordance with the statutory regulations to provide prescribed information in their Quality Accounts. This enables the Trust to inform the reader about the quality of our care and services during 2023/24 according to national requirements.

The data used in this section of the report have been gathered within the Trust from many different sources or provided to us by the Health and Social Care Information Centre (HSCIC). The information, format and presentation of the information in this part of the Quality Account is as prescribed in the National Health Service (Quality Accounts) Regulations 2010 and Amendment Regulations 2012/2017.

The processes for producing Quality Account in 2023/24 remain the same as in previous years, with the exceptions that for NHS providers, there is no national requirement to obtain external auditor assurance. Approval of the Quality Account from within the Trust's own governance procedures is sufficient.

## Statements of Assurance

During 2023/24 Buckinghamshire Healthcare NHS Trust provided and/or sub-contracted six NHS services. These were:

- Emergency Department (also known as Accident & Emergency)
- Acute Services
- Cancer Services
- Community Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services

The Trust has reviewed all the data available to them on the quality of care in these NHS services.

## Clinical Audit and National Confidential Enquiries

During 2023/24, a total of 40 national clinical audits covered relevant health services provided by the Trust.

During that period, the Trust participated in 88% (35/40) of the national clinical audits in which it was eligible to participate and 100% (4/4) National Confidential Enquiries into Patient Outcomes and Deaths (NCEPOD) studies in which it was eligible to participate.

The national clinical audits that the Trust was eligible to participate in during 2023/24 are detailed in the table below. The table shows which audits the Trust participated in and the percentage of eligible/requested cases submitted:

AUDIT	Applicable overall	Data collection (yes/no)	2023/24 Status	% eligible/requested cases submitted or reason for non-participation
<b>CANCER</b>				
Bowel Cancer (NBOCAP)	applicable	yes	participating	Continuous data collection
National Lung Cancer Audit	applicable	yes	participating	Continuous data collection
National Prostate Cancer Audit	applicable	yes	participating	Continuous data collection
Oesophago-gastric Cancer (NOGCA)	applicable	yes	participating	Data submitted through the Oxford Regional Network
National Audit of Metastatic Breast Cancer	applicable	yes	participating	Continuous data collection
National Audit of Primary Breast Cancer	applicable	yes	participating	Continuous data collection
<b>WOMEN AND CHILDREN</b>				
Diabetes (Paediatric) Audit (NPDA)	applicable	yes	participating	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	applicable	yes	participating	Continuous data collection
National Maternity and Perinatal Audit (NMPA)	applicable	yes	participating	Continuous data collection
National Neonatal Audit Programme (NNAP)	applicable	yes	participating	100%
National Audit of Seizures and Epilepsies in Children and Young People	applicable	no	not participating	Lack of resource to collect and enter the required data
National Asthma and COPD Audit Programme – Children & Young People Asthma	applicable	yes	participating	Continuous data collection
<b>CARDIAC, DIABETES AND VASCULAR</b>				
Myocardial Ischaemia National Audit Project (MINAP)	applicable	yes	participating	Continuous data collection

Cardiac Rhythm Management (CRM)	applicable	yes	participating	Continuous data collection
National Audit of Percutaneous Coronary Interventions (PCI)	applicable	yes	participating	Continuous data collection
National Cardiac Arrest Audit (NCAA)	applicable	no	not participating	Participation is currently being reviewed
National Heart Failure Audit	applicable	yes	participating	Continuous data collection
National Audit of Cardiac Rehabilitation	applicable	yes	participating	Continuous data collection
National Diabetes Audit – Adults	applicable	yes	participating	100%
National Vascular Registry	applicable	yes	participating	Data submitted by the Regional Vascular Service at Oxford
Rheumatoid and Early Inflammatory Arthritis (NEIAA)	applicable	yes	participating	Continuous data collection
<b>OLDER PEOPLE</b>				
Falls and Fragility Fractures Audit Programme (FFFAP)	applicable	yes	participating	Continuous data collection
Sentinel Stroke National Audit Programme (SSNAP)	applicable	yes	participating	Continuous data collection
National Audit of Care at the End of Life	applicable	yes	participating	Data collection is ongoing
National Audit of Dementia	applicable	yes	participating	100%
National Ophthalmology Database – National Cataract Audit	applicable	yes	participating	Continuous data collection
<b>ACUTE</b>				
National Asthma and COPD Audit Programme (Adult)	applicable	yes	participating	Continuous data collection paused 01/01/2024 due to lack of resource
BTS Adult Respiratory Support Audit	Applicable	no	not participating	Other national audits given priority
National Emergency Laparotomy Audit (NELA)	applicable	yes	participating	Continuous data collection
Case Mix Programme (ICNARC)	applicable	yes	participating	Continuous data collection

Elective Surgery (National PROMs Programme)	applicable	yes	participating	100%
Major Trauma Audit (TARN)	applicable	yes	participating	19 cases*
National Joint Registry Audit (NJR)	applicable	yes	participating	Continuous data collection
Nephrostomy Audit (BAUS)	applicable	yes	participating	100%
Emergency Medicine QiP – Care of older People	applicable	yes	not participating	Lack of resource to collect and enter the required data
Emergency Medicine QiP – Mental Health Self Harm	Applicable	yes	not participating	Lack of resource to collect and enter the required data
Improving Quality in Crohn's and Colitis	applicable	yes	participating	Continuous data collection re started Jan 2024
<b>OTHER</b>				
LeDeR – learning from lives and deaths of people with a learning disability	applicable	yes	participating as part of ICB	100%
National Comparative Audit of Blood Transfusion – Bedside Transfusion Audit	applicable	yes	participating	100%

\*TARN shut down 05/06/2023 due to a cyber incident attack at the University of Manchester - new National Major Trauma Registry due to be available in April 2024

National Confidential Enquiry into Patient Outcome and Death	BHT applicability	BHT participation	Participation rate
Epilepsy Hospital Attendance	applicable	participated	4/4 questionnaires submitted
ICU Rehabilitation	applicable	participating	0/10 questionnaires submitted*
End of Life Care	applicable	participating	5/11 questionnaires submitted*
Endometriosis	applicable	participated	11/11 questionnaires submitted

\*Data submission is ongoing



## National Audits

The reports of 39 national clinical audits were reviewed by the Trust in 2023/24 and the following are examples of actions taken to improve the quality of healthcare provided.

### National Paediatric Diabetes Audit (NPDA)

Despite the challenges posed by COVID, services at both Wycombe and Stoke Mandeville Hospitals have shown continued improvement in key health checks and outcomes for patients with diabetes, according to the NPDA report 2021/22. Changes made during the pandemic, such as setting up clinics at new sites, remote appointments, virtual education sessions, and home visits for vulnerable patients, have helped maintain services. However, an increase in patients with type 2 diabetes is placing pressure on the team to provide necessary support and screening for complications.

### National Hip Fracture Database (NHFD)

Despite experiencing a significant increase in femoral fractures between August 2022 and September 2023, the Trust has maintained or exceeded national standards, as indicated in the report published in October 2023. Utilising data from the NHFD, a multidisciplinary team convenes monthly to strategise enhancements in patient care. Recent initiatives include allowing patients to hydrate until leaving the ward for the Anaesthetic Room, resulting in improved fluid balance and reduced delirium. Moreover, pain relief discussions now occur during morning huddles to optimise patient comfort prior to mobilisation. Regular training sessions are conducted for new medical staff on bone protection medication prescribing and for all clinicians on treating fractured neck of femur and prioritising patient care.

### National Audit of Care at the End of Life (NACEL)

The Trust excelled in meeting or surpassing national standards in several areas according to the NACEL audit which is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during their last admission. These include accurately documenting the patient's prognosis, engaging in discussions about care plans with patients and their families, and crafting individualised care plans. Additionally, the Trust offers a comprehensive face-to-face specialist palliative care service seven days a week, surpassing the national average. However, feedback from the Quality survey highlights the importance of consistently enquiring about the needs of families and carers, which will be prioritised in upcoming training sessions for colleagues.

## Allergy Alerts

Following concerns raised about the identification and documentation of patient allergies, an audit was conducted on Elderly Care and Rehab wards. Results revealed discrepancies in allergy documentation, with inconsistencies in admission evaluations and red wristband issuance. Nurses were observed confirming patient identities correctly but not consistently enquiring about allergies or checking for red bands during medication rounds. Subsequently, guidance was circulated to ward sisters and incorporated into local induction programmes. The availability of red bands was reviewed, and nursing assessment documentation was revised to include allergy checks. Results were shared with relevant teams, and a re-audit is scheduled. There were no reported patient safety incidents declared as serious incidents in 2023/24 related to allergies or checking for red bands during medication rounds.

## The Child Behind the Adult

Child abuse and neglect can have long-lasting effects on a child's mental and physical well-being. NICE guideline NG76 emphasises the importance of considering parental factors when assessing the vulnerability of children. In line with this guidance, the Emergency Department (ED) should enquire about children at home when adults present with high-risk factors that may indicate safeguarding concerns. A review of patient notes revealed that in 15% of cases involving assault, drug/alcohol/mental health issues, questions about children at home were asked. Following the audit, results were shared at Academic Half Day, and refresher training on child safeguarding was provided. The feasibility of adding a prompt to the ED triage sheet is currently being assessed.

## Documentation of Intentional Changes in Medication

It's crucial to document intentional changes to medication clearly, as per the Trust's Medicines Policy - BHT 071. A review of notes from 30 patients at Ward 8 and the Short Stay Frailty Unit revealed that 60% were compliant with policy requirements. The audit findings were shared with the Medicine for Older People (MfOP) team to educate and raise awareness. Medicine reconciliation training was incorporated into the MfOP induction programme, and laminated prompt sheets were displayed in the doctor's office to assist colleagues. Medication management is included in the monthly quality audits and compliance is reported to the Care Group quality governance meeting and Patient Safety Board.

## Completion of Treatment Escalation Plans

The Treatment Escalation Plan (TEP) is essential for managing patient care, ensuring appropriate plans are in place and facilitating discussions with patients and families, including the completion of Do Not Attempt Resuscitation (DNAR) forms if necessary. Trust guidance mandates completion of TEPs within 48 hours of admission, filed in patient notes. Initial audit data showed 96% compliance,

prompting a new process of completing TEPs during post-take ward rounds. Subsequent audit revealed 100% compliance, with more TEPs initially completed by registrars and countersigned by consultants.

## **Inpatient Zoledronate Prescribing for Fracture Prevention**

The aim of this audit was to assess the prescribing and follow-up practices regarding intravenous (IV) zoledronic acid for elderly patients, particularly those admitted following falls. Results revealed poor documentation of zoledronate prescribing and unclear information provided regarding follow-up pathways upon discharge. In response, a meeting between the trauma and orthopaedic and orthogeriatric teams was held to establish a follow-up pathway and create a discharge letter template. This template, along with a zoledronate checklist, has been incorporated into DOCGEN to improve documentation and ensure prescription requirements are met.

## **Care Quality Commission**

Buckinghamshire Healthcare NHS Trust is currently registered with the Care Quality Commission (CQC) under Section 10 of the Health and Social Care Act 2008. The Trust had three inspections carried out between June 2023 and January 2024.

Further details of CQC inspections and the Trust's current ratings, summarised below, are available at [www.cqc.org.uk/directory/RXQ](http://www.cqc.org.uk/directory/RXQ).

## **Children's Emergency Department**

The CQC carried out an unannounced inspection in the Children's Emergency Department at Stoke Mandeville Hospital on 1 June 2023. The inspection focused on safe and well-led key lines of enquiry.

The CQC inspectors noted an open and positive team culture, where patients, their families and colleagues could raise concerns without fear and felt respected, supported and valued. Staff completed risk assessments for children and young people swiftly and acted quickly when patients were at risk of deterioration. Leaders ran services well using reliable information systems and whilst the service did not always have the optimum number of staff, procedures were in place to ensure the levels were safe.

However, the CQC found that the service did not always thoroughly review and investigate incidents. This meant that areas of improvement and learning were not always identified to prevent further occurrences. Staff did not always use translator services when required and there was no accessible information to inform children, young people and their families that this service was available. This meant there was a risk of a breakdown in communication which could impact on understanding.

As a learning organisation, we are always seeking to improve our services, so we welcome this feedback. Action has already been taken to address the issues raised as we remain committed to delivering outstanding care for all our patients and service users.

## Maternity

Between 12–14 June 2023, the CQC carried out a maternity full-service review at Stoke Mandeville Hospital as a part of the national CQC maternity programme, resulting in a rating of ‘requires improvement.’

We are proud that the CQC recognised in the report that our maternity team is focused on the needs of those receiving care, promote equality and diversity and have an open culture where people using the service, their families and colleagues, could raise concerns without fear.

However, it is important to acknowledge that the CQC also found significant areas for improvement. The safety of those using our services is our priority and there are a number of actions required to make the necessary improvements. In the short-term, work is already underway to address the issues that have been raised including implementing plans to improve maternity triage, to recruit and retain more colleagues and to maintain supplies of appropriate equipment. In the longer term we will look at how we can address the challenges of improving the maternity environment in our current buildings.

## Joint Targeted Area Inspection (JTAI)

A JTAI is an inspection framework for evaluating the services supporting vulnerable children and young people. A JTAI took place in Buckinghamshire between 22–24 January 2024 by inspectors from Ofsted, the CQC and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services.

The report highlighted that there have been big changes among the groups responsible for protecting children in the past two years. Due to these changes, the teams work together better and are more optimistic about finding new ways to help children. The teams have set up regular meetings and have a plan to collect better information to help them decide where to focus their efforts. Areas highlighted for us to improve were sharing information and ensuring everyone got the right training. Areas like supporting children's mental health, making sure babies are safe when they are born and helping children who might be in danger of being exploited have shown significant improvements.

## Data Quality

The percentage of records in the published data relating to <i>admitted patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>out-patient care</i> which included the patient's:	The percentage of records in the published data relating to <i>Accident and Emergency care</i> which included the patient's:
Valid NHS Number was 99.7%	Valid NHS Number was 100%	Valid NHS Number was 99.7%

(National Average 99.7%) General Medical Practice code 100%	(National Average 99.8%) General Medical Practice code 100%	(National Average 98.9%) General Medical Practice code 100%
(National Average 99.8%)	(National Average 99.5%)	(National Average 99.6%)

## The Department of Health Core Quality Indicators

The core quality indicators that are relevant to the Trust are detailed below. They relate to:

- Summary Hospital level Mortality Indicator
- Research and Innovation
- Patient Reported Outcome Measures
- Readmission rates into the hospital within 28 days of discharge
- The Trust's responsiveness to the personal needs of its patients
- NHS Friends and Family Test
- Percentage of patients admitted to the hospital and who were risk assessed for venous thromboembolism
- Infection Prevention and Control
- The number of patient safety incidents reported and the level of harm

## Summary Hospital Level Mortality Indicator (SHMI)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The value of the summary hospital-level mortality indicator (SHMI) for the Trust for the reporting period	2021/22	0.9742	1.001	0.6964	1.1942
	2022/23	0.9437	1.000	0.7191	1.2074
The banding of the SHMI for the Trust for the reporting period <ul style="list-style-type: none"> <li>• Band 1 = Higher than expected</li> <li>• Band 2 = As expected'</li> <li>• Band 3 = Lower than expected</li> </ul>	2022/23	Band 2	Band 2		
The percentage of patient deaths with palliative care	2021/22	64%	40%	11%	66%

coded at either diagnosis or specialty level for the Trust for the reporting period	2022/23	59%	40%	14%	66%
---	---------	-----	-----	-----	-----

The Trust considers that this data is as described for the following reasons:

- SHMI data was obtained from NHS Digital's Indicator Portal
- BHT has an in-house hospice which increases the palliative care coding when compared against all trusts with and without in-house hospices.

The Trust intends to/has taken the following actions to improve this score, and so the quality of its services by:

- Continuous analysis and benchmarking of mortality data with support from Dr Foster/Telstra Analytics.
- Utilising the Medical Examiner Service to enable an independent scrutiny of adult inpatient deaths in partnership with families and carers and identifying opportunities for learning.

## Research & Innovation

The Trust's Research and Innovation (R&I) department has had a highly active year, engaging with various stakeholders and achieving remarkable milestones. They ranked second in England for research trial recruitment among similar-sized acute trusts and first for setting up trials, showcasing their efficiency. Over 4,500 Buckinghamshire residents, a quarter from primary care, participated in 70 studies across 26 specialties, including a significant Spinal Muscular Atrophy (SMA) study.

The department opened 45 new studies, expanding its workforce to introduce new roles like research fellows. They continued engagement in Research Ready Community Programmes, with approximately 1,500 individuals signing up for preventative health assessments. Additionally, through a collaboration with Novartis UK, they initiated the Buckinghamshire Lipid Optimisation Programme, targeting patients with cardiovascular disease and high cholesterol levels.

Recognised for their innovation, BHT joined NHS InSite's programme, focusing on targeted innovation adoption. Noteworthy achievements include supporting dermatology and plastic surgery teams in implementing an AI platform for skin cancer referrals. A celebratory event, "Innovation at BHT," fostered a culture of problem-solving and collaboration, featuring keynotes by Prof. Tony Young, the National Clinical Innovation Lead for the NHS.

## Patient Reported Outcome Measures (PROMS)

PROMS measures health-related quality of life as reported by patients themselves. Measurements before and after a clinical intervention are used to understand the

overall impact of that intervention and the associated health gain. They also provide us with a way of benchmarking performance standards to compare service provision and detect variations in the standard of care delivered to patients. The latest data available is shown in the table below:

Prescribed Information	Reporting Period	Trust Score	National Average	Best Performer	Worst Performer
Hip replacement surgery- Oxford Hip Score	2018/19	22.4	22.2	24.4	19.1
	2019/20	22.1	22.1	24.4	18.5
	2020/21	N/A	N/A	N/A	N/A
	2021/22	21.3	22.5	24.5	15.2
Knee replacement surgery -Oxford Knee Score	2018/19	17.2	16.7	19.8	13.7
	2019/20	17.5	17.1	19.8	13.4
	2020/21	16.7	16.8	19.7	11.5
	2021/22	17.5	17.3	20	13.3

The Trust considers that this data is as described for the following reason:  
The Trust has made regular and timely data submissions to IQVIA/NHS Digital, and the figures are consistent with those produced by the Trust's internal data systems.

The Trust intends to /has taken the following actions to improve this score, and so the quality of its services:

Reviewing the PROMS data at its monthly arthroplasty meetings and raising awareness amongst patients who have had surgery of the importance of completing the PROMS questionnaire. We are exploring how technology might be used to prompt patients to complete their forms post-operatively.

## Readmission Rates

The latest data available is shown in the table below:

Prescribed info	Reporting period	Trust score	National average	Best	Worst



% patients 0-15 readmitted within 30 days	Oct 22-Sep 23	12.6	10.7	4.5	18.3
% patients 16+ readmitted within 30 days	Oct 22-Sep 23	9.9	8.9	4.0	16.6

The Trust considers that this data is as described for the following reason:

- NHS Digital does not provide data on this for the reporting period, so we have provided the latest data from Dr Foster.

The Trust intends to/has taken the following actions to improve this score, and so the quality of its services:

- Establishing the correct data set of patients as defined by NHSI/E.
- Ensuring we are coding patients correctly when presenting the data included in the report.

## Responsiveness to the Personal Needs of Patients

Every year, the Care Quality Commission (CQC) conducts the Picker survey to assess the overall patient experience of hospital inpatients. The 2023 survey sample was taken from inpatients at BHT in November 2023. The CQC publication of the inpatient survey results and benchmarking is anticipated in August 2024.

## Friends and Family Test

The NHS Friends and Family Test (FFT) is a valuable tool designed to gather patient feedback and identify areas for improvement in healthcare services. Patients can anonymously rate their experience, providing insights for service providers and commissioners. In 2023/24, we reached out to 355,119 service users, receiving 80,779 responses via SMS, online surveys, and integrated voice messages.

Overall, female patients showed a higher response rate (55%) compared to males (44%), with 83% of females reporting a positive experience. Among age groups, those aged 61 to 80 had the highest response rate (46%), while the 17 to 30 age group had the lowest (2.5%), albeit with a slight improvement from the previous year.

Patients over 60 were generally more satisfied (84% positive) compared to those aged 17 to 30 (62% positive). Ethnic groups varied in their satisfaction levels, with 100% positive ratings from some groups, such as White and Asian service users, while Asian service users reported the lowest satisfaction (11% negative).

To enhance feedback collection, QR codes and survey links have been introduced, alongside listening events and Service User Forums across various departments. Antenatal services saw a 100% improvement in responses from male service users,

with 1.2% of total responses coming from this group. Trust forums now reflect a balanced gender representation, and a virtual Cystic Fibrosis Parent Forum has been established to ensure inclusivity in feedback gathering.

## Venous Thromboembolism (VTE)

Prescribed Information	Reporting Period	BHT Score	National Average	Highest Score (Best)	Lowest Score (Worst)
The data made available to the National Health Service Trust or NHS foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	2022/23 Quarter 3	96.86%	Data not available	Data not available	Data not available
	2023/24 Quarter 3	97.58%	Data not available	Data not available	Data not available

The Trust considers that this data is as described for the following reasons:

- During the pandemic, NHS England paused the collection and publication of some official statistics. As a result, VTE quarterly data was not reported by any trust during 2023/24. This pause means we are unable to provide national average, highest score, and lowest score. National data collection will recommence in 2024.

The Trust continued to monitor monthly compliance at a local level and has been consistently compliant. The Trust has taken the following actions to improve this score, and so the quality of its services, by:

- A comprehensive training programme via different media is open to all relevant colleagues.
- Quarterly audit overseen by the clinical nurse specialist providing real time feedback, action planning and learning.
- Bespoke education for junior doctors.
- VTE Discharge bags for patients.

The Trust intends to take the following actions to improve this score, and so the quality of its services, by:

- Ongoing quarterly audits to support learning and improvement.
- Ongoing training programme oversight and monitoring of VTE prevention through Harm Free Care Group and Patient Safety Board.

## Infection Prevention and Control

**Good Performance:** The Trust achieved its target for Clostridium difficile Infections (CDI) infections (36 cases vs. a threshold of 49) and Klebsiella bloodstream infections (30 cases vs. a target of 32).

**Areas for Improvement:** The Trust needs to improve its prevention of MRSA (3 cases reported vs an internal threshold of 0), E. coli (79 cases vs a threshold of 62), and Pseudomonas aeruginosa (17 cases vs a threshold of 11) bloodstream infections.

### Mandatory surveillance reports for Clostridium difficile Infections (CDI) and bloodstream infections.

The table below shows Hospital-Onset Healthcare-Associated (HOHA) and Community-Onset Healthcare-Associated (COHA) infections for the past three years (2021-2024), along with the thresholds set for 2023/24.

Infection Prevention Control	2021/2022 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2022/23 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2023/24 Hospital Onset Healthcare-Associated (HOHA) Community Onset Healthcare-Associated (COHA)	2023/24  Objective
Clostridium difficile Infections (CDI)	56	47	36	<=49
MRSA bacteraemia	1	3	3	Internal Threshold target <=0
MSSA bacteraemia	33	22	20	
E. coli	85	64	79	<=62
Klebsiella	36	37	30	<=32
Pseudomonas aeruginosa	7	24	17	<=11

*HOHA = Healthcare onset healthcare-associated (samples taken >= 48 hours into a patient's admission)*

*COHA = Community onset healthcare-associated (samples taken < 48 hours into a patient's admission and where the patient was an inpatient at the reporting trust 28 days before the sample collection date).*

Overall, the Trust performed well in controlling CDI and Klebsiella but requires improvement in managing MRSA, E. coli, and Pseudomonas aeruginosa. Further action plans will be developed to address these areas.

The Trust aims to achieve the following in 2024/25:

- Reduce E. Coli bloodstream infections acquired in the hospital.
- Implement a program for monitoring surgical site infections.
- Meet the thresholds for MRSA bloodstream infections.

## National Reporting and Learning System (NRLS)

NRLS reports are no longer available as this system is in the process of being decommissioned. The SI section remains accessible, but reports are not available.

The system has been replaced by Learn from Patient Safety events (LFPSE), but no reports have been provided at the time of production of this Quality Account.

## Learning from Deaths

During 2023/24, 1,554 people died whilst in one of the Trust's acute hospitals. This comprised the following number of deaths which occurred in each month of that reporting period.

	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Total
Number adult BHT deaths	395	337	403	419	1,554
Total % Medical Examiner Screens by month end	100%	100%	100%	100%	100%
Total selected for Structured Judgment Review (SJR)	52	26	23	25	126
Total number of Deaths with learning disability	7	4	3	4	18
Compliments/excellence	18	42	14	60	134

- Over the past year our Medical Examiners (ME) have continued to review all BHT acute deaths. They have scrutinised 1,554 deaths from April 2023 to March 2024, which represents an increase from the previous reported annual figure of 1,486.
- The MEs have also supported doctors with referrals to the Coroner. In 2023/24, there were 91 Coroner's inquests and investigations from BHT deaths (6.2%) compared with 99 in 2022/23 (7.0%)
- 8.1% of cases have been selected for Structured Judgement Review (SJR).
- There have been 134 general compliments/ excellence reports received over the last 12 months directly from families.

- 219 Florence Nightingale Hospice (FNH) deaths have been reviewed between April 2023 to March 2024.
- Work is well underway to integrate scrutiny of community deaths into the ME service, with the community ME team reviewing 1,006 deaths between April 2023 and March 2024.
- Developing referral pathways and using Egton Medical Information Systems (EMIS) to review community care.
- Visiting virtually or in person Bucks GP practices continued.
- BHT has done all it is required to do to establish the Community Medical Examiner service.

### **Dissemination of learning**

- A two-year thematic analysis of SJR learning and actions was completed in August 2023. It was shared widely and discussed in a Reflect and Review session in December 2023, with plans for a re-run in May 2024.
- Monthly SJR compliance and outstanding SJR report circulated to all SDU leads and clinical governance teams to continue to improve compliance.
- Clinical colleagues are supported in accessing the SJR portal and completing the SJR promptly.
  - Outcomes from on-going thematic analysis of all SJRs will be shared from April 2024 at the Patient Safety Incidents Panel (PSIP) panel to ensure SJR learning is included and shared Trust-wide. Continuing 6 monthly meetings between MEs and Buckinghamshire Coroner.
  - Regular Medical Examiner meetings, including community medical examiners, to continue.

## **Equality & Diversity**

The Medical Examiner (ME) service has a diverse work group. Equality and Diversity Policy is embedded within the ME service and looks after all persons without regard to age, ethnic or national origin, gender or sexual orientation, religion, or disability. We review patient care provided in the Trust to ensure there are no inequalities in the provision of care.

## **Learning Disabilities**

All learning disability deaths within the Trust undergo an ME screening process as well as a mandatory Structured Judgement Review (SJR) by the department which cared for the patient. A review by learning disability nurses will follow the SJR and an action plan is developed if any problems in care are identified. When someone with a learning disability and/or autism dies, their death is referred to the national LeDeR programme (Learning from lives and deaths - people with a learning disability and or autism) where they are allocated for an initial review.

## **Coroner's Office**

ME service and the coroners have established a very good working relationship. We have regular meetings to discuss issues relating to referrals, government updates, and annual updates. The coroners have noted an increase in the accuracy of the referrals due to the MEs' involvement in completing the death certificate.

## **Changes to the National Medical Examiners Service**

The National Medical Examiner (ME) Service is now well established across England and Wales. This new statutory medical examiner system for all deaths including those within the community is being rolled out in England and Wales from April 2024 to provide independent scrutiny of all deaths that are not referred to the coroner. Medical examiners are now required to review medical records and work with doctors to complete a medical certificate of the cause of death (MCCD). The new pathway will require all elements of each case to be fully completed, ideally by the same ME. This will include discussion with junior doctor, review of notes and conversation with family before death certificate issued. The MCCD must be completed within 5 days of their occurrence before the death can be registered and the body released to the family .

## **Implementing the Priority Clinical Standards for Seven Day Hospital Service**

The Seven Day Hospital Services Programme was paused due to the impact of the pandemic and the requirement to release capacity across the NHS to support the response. This programme has not been reinstated to date.

# Part 3: Quality Priorities 2024/25



In 2024/25, we will continue to focus our quality priorities on the following three themes:

1. Patient safety
2. Improving the experience of our patients and colleagues
3. Improving clinical effectiveness

## Priority 1: Patient Safety

- A. Improving waiting times in our Emergency Department, with fewer than 10 patients a day waiting more than 12 hours.
- B. Improvement in the percentage of colleagues completing the Level 1 training module – Essentials of Patient Safety - in line with PSIRF implementation from 3% to 60% by March 2025.
- C. Eliminate corridor care by March 2025.
- D. A 30% reduction in the category 3 and 4 Trust attributed pressure ulcer incidents.
- E. Tackle the biggest driver of cardiovascular disease by ensuring at least 75% of adult outpatients have their blood pressure checked.

## Priority 2: Improving the experience of our patients and colleagues

- A. Relaunch Get Up, Get Dressed, Get Moving initiative across all inpatient services.
- B. Roll out the 'Meet the Matron' initiative across inpatient services.
- C. Implementation of the Badgernet system throughout Maternity services.
- D. Improve everyone's experience of working at BHT by taking a zero-tolerance approach to bullying, becoming the best in class in the staff survey.
- E. Increase colleagues' flu vaccination uptake to 75% by March 2025.

## Priority 3: Improving clinical effectiveness

- A. All inpatient and outpatient services achieving clinical accreditation and at least 40% being awarded the Silver standard.
- B. Community clinical accreditation by localities and specialty to commence by March 2025.
- C. Give children living in the most deprived communities the best start in life by increasing the proportion who have a 12-month review to at least 85%.
- D. Achieve 100% compliance with e-rostering for AHPs across the community and acute services, ensuring timely patient care with appropriate staffing.

# Statement from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

Neil Macdonald  
Chief Executive Officer  
Buckinghamshire Healthcare NHS Trust  
Stoke Mandeville Hospital  
Aylesbury, Buckinghamshire  
HP21 8AL

BOB ICB  
First Floor  
Unipart House  
Garsington Road  
Cowley, Oxford  
OX4 2PG

[rachael.corser@nhs.net](mailto:rachael.corser@nhs.net)

19 June 2024

Dear Neil

NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has reviewed the Buckinghamshire Healthcare NHS Trust (BHT) Quality Account 2023/24, and we believe that it is accurate and meets the requirements of a Quality Account. The account provides a clear picture of the quality of care provided by the BHT as well as of the ways in which the Trust seeks to understand the quality of care it provides and the huge range of quality improvement, research and innovation undertaken by the Trust.

Of the fourteen (14) actions which make up the 2023/4 Trust quality priorities, 10 have been fully completed, two partially completed and two not completed. The work to reduce smoking in pregnancy is to be commended as part of the Trusts approach to improving health outcomes. In addition, the roll out of electronic observations in maternity and paediatrics, introduction of the memory box scheme to inpatient areas, clinical accreditation targets being met, and the reduction in new starters leaving the Trust in the first year is notable.

Reducing health inequalities is national priority and a key focus for the BOB system. We welcome the inclusion of tackling cardiovascular disease and giving children in the most deprived communities the best start in life within the quality priorities for 2024/25.

The ICB would like to see further alignment between the Trust's Quality Priorities and the overall Integrated Care System goals as set out in the Buckinghamshire, Oxfordshire and Berkshire West Joint Forward Plan; it is possible to see where alignments may occur, but it would be helpful for the reader if they were referenced within the body of the Trust quality account.

The National Quality Board now includes the dimensions of sustainability and leadership to its definition of quality in addition to the established areas of safety, effectiveness, and experience. It would be helpful to include within the quality account how this aligns with the work the Trust is doing in relation to the NHS People Promise and the programmes of work underway within the Trust from a leadership and organisational development perspective.

The ICB recognises the focussed work undertaken by the Trust in terms of Critical Care Outreach. In May 2023, the Critical Care Outreach Team (CCOT) presented its innovative work at the National Outreach Forum conference and has subsequently collaborated with the Forum to create a national dataset for Trusts to effectively evaluate their CCOT service pilot sites. This remains a national area of focus as well as for the Trust and we look forward to continuing to hear about the progress that is being made as a chosen site for the national Martha's Rule pilot.

The ICB welcomes the areas identified as Quality Priorities for the coming year, with particular focus on improved reduction in the waiting times within the Emergency Department, elimination of corridor care building on improvements achieved in 2023/24, and the continuation and further development of the pressure ulcer quality priority. Whilst this is not an exhaustive list we also recognise and support the wider priorities aligned with improving health outcomes and reducing health inequalities identified within the quality account for 2024/2025.

The Patient Safety Incident Response Framework (PSIRF) is a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. We recognise the Trust commenced their PSIRF roll out in April 2024 working with the BOB ICB, NHS England, and Health Innovation Oxford and Thames Valley, who have been providing additional support and will continue to support the organisation in these early stages. However, we wish to recognise the progress that has been made and the inclusion of increasing compliance with level 1 safety training as part of the quality priorities for 2024/25. The new framework shifts the focus from looking at harm to understanding where there is potential for learning. The new approach puts patients at the centre and allows the Trust to focus on the areas where improvement is needed. BHT has worked with partners across BOB to introduce PSIRF and we look forward to continuing to work together on system-wide safety priorities.

The ICB notes the extent of the work completed to reduce those patients waiting extended periods of time for treatment, the significant reduction in patients waiting more than six weeks for diagnostic tests, and BHT being the only Trust in BOB to

meet the target for reducing inappropriate anti-microbial prescribing. We recognise these remain priority areas of focus for the Trust alongside wider system partners.

The mortality rates at BHT remain stable and continue to compare well, with both Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) below the national average. The embedding of the medical examiner system and the development of community medical examiners further increases the potential to learn from deaths. The ICB will continue to work with systems partners to ensure the whole patient pathway is considered and mortality in a wider context. We look forward to continued work with the Trust in this area.

The ICB commends the improvements made to community services including the achievement of 90% of patients being seen within two hours of referral for urgent community response, the five Hospital@Home pathways including end of life care and the onward care service.

The progress made addressing the requirements of the written statement of action following the joint area SEND inspection in March 2022 is extremely positive and is a clear demonstration of joint working with system partners.

The Quality Account provides infection prevention and control data of reportable healthcare associated infections. The data highlights the need for improvement in the prevention of MRSA (three cases reported vs an internal threshold of 0), E. coli (79 cases vs a threshold of 62), and Pseudomonas aeruginosa (17 cases vs a threshold of 11) bloodstream infections. The ICB looks to work collaboratively with BHT on the areas for improvement.

The Thirlwall Inquiry has been set up to investigate the events at the Countess of Chester hospital following the conviction of Lucy Letby. It is important to recognise the work BHT has undertaken in terms of utilising the Freedom to Speak Up (FTSU) process and the increase in the number of FTSU champions within the Trust, alongside aligning this with organisational priorities, the implementation of PSIRF, and the improvement programmes for 2024/25 to further support working towards a developing and improving organisational culture.

Whilst the overall CQC rating of the BHT maternity services was 'requires improvement', the ICB recognise the achievement of the 'good' rating for well led and the proportion of maternity units that have been rated as 'requires improvement' across the country. Key areas for improvement highlighted by the CQC were maternity triage and medicines management. The Trust has oversight of progress with the report's recommendations, and we acknowledge the improvement actions implemented or underway. We welcome continued active participation within the Local Maternity and Neonatal System (LMNS) for system learning and assurance. Achievement of the maternity incentive scheme is commended. A clear demonstration of the progress with year one of the single delivery plan and the essential actions of the Ockenden report would enhance the assurance for the public and the ICB.

The health landscape continues to be an extremely difficult one. Operational pressures, including industrial action have been considered in this account and the Trust's efforts to mitigate the impact of these challenges is to be commended. High levels of demand, particularly for urgent care, challenges with staffing and constrained resources have increased and the need for system working and integration is greater than ever.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rachael Corser', with a long horizontal flourish extending to the right.

Rachael Corser  
Chief Nursing Officer

## Statement from Healthwatch Bucks



Thank you for letting us have sight of the Trust's Quality Account for 2023/24 prior to publication and giving us the opportunity to comment. We are the local health and social care champion for Buckinghamshire residents and have reviewed the account with this focus.

We would like to congratulate the Trust, and thank staff and volunteers, on their significant achievements this year. These include reducing the number of people waiting for hospital treatment and halving the number of people waiting for a scope, scan and hearing test. There are also some excellent examples in the Account of work taking place around health inequalities including the opening of *'Health on the High Street'* and close working with the Maternity Voices Partnership to tackle maternal inequality.

The Account cites some positive examples of the Trust working in partnership to improve patient and carer experience and quality of services, including the Carers Passport and work with the local Parkinson's Society. We welcome the work the Trust has undertaken in collaboration with Healthwatch Bucks this year, including the inpatient audits for the clinical accreditation assessments, gathering patient feedback on neurorehabilitation services and on clinical diagnostic centres. We hope this will continue over the coming year, bringing additional patient voices into quality and service improvement.

Other points we have noted in this year's Account;

### Health inequalities

We were particularly interested to read about the work done to raise awareness of interpreting services and the marked increase in fulfilling face-to-face requests. This includes work to improve accessibility for the D/deaf and Hard of Hearing Communities; our report on GP surgery care for this group may be of interest ([GP surgery care when you're deaf, Deaf or hard of hearing – Healthwatch Bucks](#)). We hope this work can now be extended to the Children's Emergency Department where the Care Quality Commission (CQC) highlighted use of translator services

and lack of accessible information for children, young people and their families as areas of improvement.

We commend the achievement of the Covid Vaccination programme in offering personalised care for those with learning disabilities and/or neurodiversity. We would welcome more information about the work being done to improve services for those with learning disabilities including the rollout and take up of the standardised 'Oliver McGowan Mandatory Training on Learning Disability and Autism', along with any initiatives to support the involvement of people with lived experience in the delivery of this training.

## Children & young people

It's positive to see that services such as '*Health for Teens*' are person-centred and we are delighted to see peer-led programmes, such as the one led by Brighter Futures and Great Marlow School, that evaluate health and social care services for young people. Buckinghamshire has a large youth population with around 29% of residents aged between 0-24, and we look forward to more youth focused health priorities in the coming year. Healthwatch Bucks will continue to support initiatives that amplify the voices and experiences of children and young people in healthcare to create positive impact and tangible change.

## Dementia

We note that rates for formal diagnosis fall markedly below the national average. As well as adopting the recommendations of the '*NHS England Dementia Well Pathway*' we would welcome support for early onset dementia when symptoms develop before the age of 65 (usually between 30 to 65). Early detection helps both the person and their caregivers learn about dementia, set realistic expectations and plan for their future together.

Our report and recommendations for early onset dementia can be found here: [Young onset dementia: experiences of support in Buckinghamshire – Healthwatch Bucks](#)

## Complaints

We are pleased to see that the number of formal complaints has decreased but are concerned that complaints about communication with patients have risen



significantly. We welcome the 'Meet the Matron' initiative and look forward to seeing if this and any other patient/carer focused initiatives have an impact on the issue of communication.

## Pressure Ulcers

The increase in moderate harm pressure ulcers is concerning. The Trust reported 57 moderate harm pressure ulcers (PU) incidents in 2023/24, an increase in comparison to 27 category 3 and 4 PU reported in the previous year.

It would be useful to see a breakdown of the community services reporting the majority of moderate harm and initiatives focussed on reducing pressure ulcers within community settings. This transparency would help us and others to track changes in the coming year under any updates in NHS Improvement guidance.

## Emergency Department

We understand the enormous pressures on Emergency Departments across the country and recognise all the work the Trust does in reducing waiting times to ensure that no more than 4% of patients are spending more than 12 hours in the Emergency Department before being admitted or discharged. However, patients are still waiting on corridors. We know that lots of progress has been made on the Stoke Mandeville Hospital site with the new 21 bedded ward, situated near the Emergency Department and we look forward to it being used this summer.

We are delighted to see the Children's Emergency Department has increased capacity, and that there is now specialist mental health support provided through Children and Adolescent Mental Health Service crisis liaison officers/support workers within the department to support young people who attend in crisis.

## Healthwatch reports of relevance

Finally, we would also like to draw your attention to the following additional reports based on patient experience, which may provide useful qualitative insight into some of the areas covered in the Account;

[Transition from Children to Adult Health Services for those with a special educational need or disability \(May 2024\)](#)

[Discharge Hub Beds Report \(February 2024\)](#)

[Your experiences with the Age UK Hospital Discharge Support Service \(November 2023\)](#)

[Maternal mental health: findings from Healthwatch England's research \(October 2023\)](#)

We feel that our relationship with the Trust, continues to balance our statutory local Healthwatch role of 'holding to account' with that of collaborative partnership working focusing on understanding and improving patient experience. Please pass on our thanks to the staff and volunteers at the Trust for their hard work and commitment to providing safe and inclusive services to the residents of Buckinghamshire.

**Zoe McIntosh, Chief Executive, Healthwatch Bucks**

# Statement from Buckinghamshire Health and Adult Social Care Select Committee

Buckinghamshire Council's Health and Adult Social Care (HASC) Select Committee holds health and social care decision-makers to account for improving outcomes and services for the residents of Buckinghamshire. As a critical friend to the Trust we are pleased to have an opportunity to comment on the Trust's Quality Account for 2023/24.

We would like to start by highlighting some of the Trust's particular achievements over the last year, including the success of the critical outreach team, participation in 35 out of 40 national clinical audits, reduction in delays in Hospital handovers, quality improvements for people with Parkinson's disease and significant improvements in the hospital discharge process following the introduction of the Transfer of Care Hub. We note the imminent opening of a new 21 bedded ward (due Summer 2024).

We were particularly interested to read the following:

- **Cancer services** – we note the progress made in meeting the Faster Diagnosis Standard where 77.8% of patients received a diagnosis and information on next steps within 28 days following their referral. We hope this will continue to exceed the target of 75% over the next year. We were pleased to hear about the work being undertaken with both those who deliver the services and the patients to understand what is important to people with experience of cancer. We hope this evidence will feature heavily in the co-produced cancer strategy.
- **Maternity services** – we note the key areas of improvement highlighted by the CQC, following an inspection in June 2023, were maternity triage and medicines management. Whilst acknowledging the steps taken to improve in these two areas, the HASC Select Committee will be challenging, in more detail, the progress made at its forthcoming Select Committee meeting.
- **Virtual wards** – we read with interest about the five pathways operating within the Hospital at Home programme and will keep these services under review as they develop and expand to include more patients during 2024/25.
- **Dementia** – the HASC Select Committee carried out an in-depth review of the dementia pathway last year and the report included several recommendations for key health partners. We were particularly pleased to read about the development of volunteers to support meaningful activities with inpatients living with dementia and delirium. We hope this initiative will gather pace and start to be delivered later this year.
- **Waiting times** – we acknowledge the Trust's significant strides in reducing waiting times for people waiting over 65 weeks on a hospital waiting list and the progress made in reducing wait times in all areas. We support the Trust's aim to continue reducing waiting times during 2024/25.
- **Surgical hub accreditation at Wycombe Hospital** – we were pleased to read about Wycombe Hospital's recent successful accreditation as an elective surgical hub which

will enable the Trust to apply for additional funding streams to continue to deliver outstanding care.

- **Carers passport** - we look forward to hearing about the success in embedding the passport across all inpatient areas in 2024/25.

## Delivering against priorities

Priority 1 – Patient Safety

Priority 2 – Improving the experience of our patients and colleagues

Priority 3 – Improving clinical effectiveness

Whilst acknowledging the progress made by the Trust in its achievements against the priorities set for 2023/24, we highlight the following areas of concern which the HASC Select Committee will be keeping under review over the coming months.

- **Pressure ulcers** – we would like to see the specific actions being taken to address the significant increases in Trust attributed pressure ulcers in 2023/24.
- **Staff completion of Level 1 Essentials of Patient Safety** – it is unclear from the quality account what percentage of staff have completed this as it states a total of 266 colleagues have done so and the target was 80%. We would appreciate a better understanding of this and what the plans are to increase the completion rate.
- **Emergency Department** – the quality account states that there are still an unacceptable number of patients waiting in the corridors surrounding the Emergency Department and the new 21 bedded ward will be one way for the Trust to achieve its aim to eliminate this in 2024/25. We would like to hear more about the other plans to help reduce this unacceptable situation.
- **Hospital infections** – whilst acknowledging that the Trust has performed well in controlling some hospital infections, we were concerned to read about the infection rates for MRSA, E.coli and Pseudomonas aeruginosa. We look forward to reviewing the action plans being developed to address these specific infections.
- **Community paediatrics** – the quality account states that there were four actions relating to waiting times with one achieved and three partially achieved but the information in the account does not provide details around what measures are being used against each of the actions. We would like to see the details around this and what the plans are to ensure the Trust achieves against each action in 2024/25.
- **Learning from Never Events** – we were concerned to read that the Trust reported 4 Never Events in 2023/24 but we acknowledge the steps taken by the Trust in response to these incidents. We hope that these reviews will help to ensure the Trust has zero Never Events in the forthcoming year.
- **Falls** – whilst the Trust falls rate in 2023/24 remained below the national average, the quality account states that reducing the risk of patient falls remains a priority so we would like to seek assurances around the requirements stated in the account, particularly in terms of the policy for the prevention and management of patient slips and falls.

## General comments and observations

- We remain disappointed that the 7 Day Hospital Services Programme has still not been reinstated as the metrics provide key information on clinical standards.
- Dementia services – the quality account last year stated that ***“In 2023/24, we look forward to appointing two Admiral Nurses as part of our aim to make dementia and delirium care a priority for the Trust.”*** We were disappointed that there was no mention of these nurses within the quality account this year and there was no mention of the Trust’s commitment to John’s campaign which increases visiting rights. This was a specific recommendation in the recent HASC Select Committee review into the Dementia Pathway.

## Conclusion

Once again, the quality account reflects good progress being made by the Trust and we fully support the Trust as it continues to improve patient safety and service quality. We hope that the Trust will continue to be transparent with its key stakeholders as it develops its improvement plans and ensures that staff feedback and the patient voice are an integral part of these plans.

We look forward to seeing the co-produced cancer strategy and hope the development of this strategy will gather pace over the coming months. The HASC Select Committee will be scrutinising some of the specific areas outlined in the quality account over the coming months to help drive service improvement further on behalf of Buckinghamshire residents.

We welcome the Trust’s approach to working with its partners and the strength of collaborative working is evident in the quality account this year.

**Submitted by Cllr Matthew Walsh, Chairman, Health & Adult Social Care Select Committee, June 2024**

## Appendix 1 – Abbreviations

A&E	Accident and Emergency Department
AHP	Allied Health Professional
AI	Artificial Intelligence
BAPM	British Association of Perinatal Medicine
BHT	Buckinghamshire Healthcare NHS Trust
BME/ BAME	Black and Minority Ethnic
BOB	Buckinghamshire, Oxfordshire and Berkshire
BSI	Bloodstream infections
CAHMS	Child Adolescent Mental Health Service
CAS	Central Alerting System
CAP	Clinical Accreditation Programme
CCOT	Critical Care Outreach Team
CDI	Clostridioides difficile infection
CNRS	Community Neuro Rehab Services
COPD	Chronic obstructive pulmonary disease
COVID-19	Coronavirus disease 2019
CQC	Care Quality Commission
CYP	Children and Young People
CYPIT	Children and Young People’s Integrated Therapy
DHSC	Department of Health and Social Care
DPG	Deteriorating Patient Group
ED	Emergency Department
EDI	Equality, Diversity and Inclusion
EHCNAR	Education Health and Care Needs Assessment Requests
eMEWS	Electronic Maternity Early Warning Score
ePEWS	Electronic Paediatric Early Warning Score
ESD	Early Supported Discharge
FFT	Friends and Family Test
FNH	Florence Nightingale Hospice
FTSU	Freedom to Speak Up
FTSUG	Freedom to Speak Up Guardian
GIRFT	Getting It Right First Time
GNBSI	Gram Negative Blood Stream Infections
GPs	General Practitioners
HOHA	Hospital Onset Healthcare Associated

ICB	Integrated Care Board
ICNARC	Intensive Care National Audit & Research Centre
ICS	Integrated Care System
IMG	International Medical Graduate
ITU	Intensive Therapy Unit
JTAI	Joint Targeted Area Inspection
LeDer	Learning Disabilities Mortality Review
LFPSE	Learning from Patient Safety Events
MCCD	Medical Certificate of the Cause of Death
MDT	Multidisciplinary Team
ME	Medical Examiner
MfOP	Medicine for Older People
MHRA	Medicines and Healthcare products Regulatory Agency
MRSA	Methicillin-resistant staphylococcus aureus
MSSA	Methicillin-susceptible staphylococcus aureus
NACEL	National Audit of Care at the End of Life
NBOCAP	National Bowel Cancer Audit
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NEIAA	Rheumatoid and Early Inflammatory Arthritis
NELA	National Emergency Laparotomy Audit
NHFD	National Hip Fracture Database
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute of Clinical Excellence
NICU	Neonatal Intensive Care Unit
NNU	Neonatal Unit
NOF	Neck of Femur
NPDA	National Paediatric Diabetes Audit
NRLS	The National Reporting and Learning System
NSIC	National Spinal Injuries Centre
PALS	Patient Advice & Liaison Service
PD	Parkinson's Disease
PEWS	Paediatric Early Warning Score
PIFU	Patient Initiated Follow-up
PROMS	Patient Reported Outcomes measures



PSIRF	Patient Safety Incident Response Framework
PSIP	Patient Safety Incidents Panel
PU	Pressure Ulcer
PURPOSE T	Pressure Ulcer Risk Primary of Secondary Evaluation Tool
Q1	Quarter 1, first quarter of the financial year (April-June)
Q2	Quarter 2, second quarter of the financial year (July-September)
Q3	Quarter 3, third quarter of the financial year (October-December)
Q4	Quarter 4, fourth quarter of the financial year (January-March)
QI	Quality Improvement
QIS	Qualified in Specialty
QR	Quick response code
R&I	Research and Innovation
SDU	Sub Division Unit
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incident
SJR	Structured Judgement Review
SLT	Speech and Language Therapy
SMH	Stoke Mandeville Hospital
SMS	Short message service
SOP	Standard Operating Procedures
SSNAP	Sentinel Stroke National Audit Programme
TARN	Trauma Audit and Research Network
TEP	Treatment Escalation Plan
T&O	Trauma and Orthopaedic
ToCH	Transfer of Care Hub
UCR	Urgent Community Response
UNICEF UK	United Nations Children's Fund UK
UK	United Kingdom
UKAS	United Kingdom Accreditation Service
VTE	Venous Thromboembolism